

***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 05
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DOB: [REDACTED]

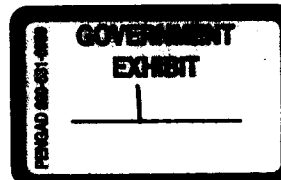
----- CVP - Past Clinic Visits (max 4 years) -----
(continued)

12/20/2007 13:30	ZZZMHC LUCAS	CANCELLED BY PATIENT
12/14/2007 10:00	ZZZMHC LUCAS	
12/14/2007 08:00	ZZZCP PSYCH COLLINS	CANCELLED BY CLINIC
12/07/2007 08:00	ZZZCP PSYCH COLLINS	
12/05/2007 18:30	ZZZPCT GROUP PM	
12/05/2007 14:00	CP BUZANOWICZ	CANCELLED BY CLINIC
12/05/2007 13:30	NURSE CLINIC 1NORTH	CANCELLED BY CLINIC
12/05/2007 13:15	COMPENSATION/PENSION	
12/05/2007 13:00	COMPENSATION/PENSION	CANCELLED BY CLINIC
12/05/2007 10:30	CP LASALLE	
12/05/2007 09:30	NURSE CLINIC 1NORTH	
12/05/2007 09:20	COMPENSATION/PENSION	
12/05/2007 08:45	RADIOLOGY 2ND FLR GREEN A	
12/05/2007 07:30	LAB FASTING 7 TO 9 3WEST	CANCELLED BY PATIENT
11/29/2007 09:30	NURSE CLINIC 1NORTH	CANCELLED BY PATIENT
11/29/2007 09:15	COMPENSATION/PENSION	CANCELLED BY PATIENT
11/29/2007 08:45	RADIOLOGY 2ND FLR GREEN A	CANCELLED BY PATIENT
11/29/2007 07:45	LAB FASTING 7 TO 9 3WEST	CANCELLED BY PATIENT
08/31/2007 11:01	TLCP OIF/OEF	UNSCHEDULED
08/13/2007 12:40	ZZZMHC LUCAS	UNSCHEDULED
08/10/2007 14:00	MHC BHATIA CMI	CANCELLED BY PATIENT
07/18/2007 16:21	TLCP PSYCHIATRY	UNSCHEDULED
07/16/2007 15:29	TLCP PSYCHIATRY	UNSCHEDULED
07/03/2007 13:00	ZZZMHC LUCAS	
06/22/2007 10:25	TLCP PSYCHIATRY	UNSCHEDULED
06/04/2007 14:00	TLCP PSYCHIATRY	UNSCHEDULED
05/31/2007 10:35	TLCP PSYCHIATRY	UNSCHEDULED
05/11/2007 13:00	ZZZMHC LUCAS INTAKE	
05/01/2007 08:00	ZZZGROUP: PSYCH DOOLEYII/	CANCELLED BY PATIENT
04/26/2007 14:00	ZZZCP LOVRINIC	
04/24/2007 09:40	ZZZCP LOVRINIC	CANCELLED BY PATIENT
04/24/2007 08:00	ZZZCP CASTRIGNANO	
04/23/2007 10:30	ZZZCP AUDIO PATCHOSKI	
04/20/2007 15:00	ZZZcp mhc santos	
04/20/2007 14:30	NURSE CLINIC MHC	CANCELLED BY CLINIC
04/19/2007 14:00	ZZZCP LOVRINIC	CANCELLED BY PATIENT
04/18/2007 13:00	ZZZCP CASTRIGNANO	CANCELLED BY PATIENT
04/18/2007 12:30	NURSE CLINIC (1W)	CANCELLED BY PATIENT
04/18/2007 12:20	COMPENSATION/PENSION	
04/18/2007 11:00	ZZZCP LOVRINIC	
04/18/2007 09:30	CP DERMATOLOGY	
04/18/2007 09:00	LAB FAST/NONFAST 3 WEST	CANCELLED BY PATIENT
04/13/2007 15:00	ZZZcp mhc santos	CANCELLED BY PATIENT
04/13/2007 13:00	NURSE CLINIC 1NORTH	CANCELLED BY PATIENT
04/13/2007 12:40	COMPENSATION/PENSION	CANCELLED BY PATIENT
04/13/2007 12:00	NURSE CLINIC 1NORTH	CANCELLED BY PATIENT
04/13/2007 11:40	COMPENSATION/PENSION	CANCELLED BY PATIENT
04/13/2007 10:30	ZZZCP AUDIO PATCHOSKI	CANCELLED BY PATIENT
04/13/2007 10:00	LAB FAST/NONFAST 3 WEST	CANCELLED BY PATIENT
04/11/2007 15:30	MHC BOROWSKI WALK IN	
04/11/2007 14:39	TRIAGE-BASEMENT	
04/11/2007 13:15	CP PODIATRY/BENEK	
04/11/2007 12:45	RADIOLOGY 2ND FLR GREEN A	CANCELLED BY PATIENT
04/11/2007 10:30	RADIOLOGY 2ND FLR GREEN A	CANCELLED BY PATIENT
04/11/2007 09:30	CP DERMATOLOGY	

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----- CVP - Past Clinic Visits (max 4 years) -----
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07/31/2008	16:30	PSYCH DOOLEY II
07/29/2008	13:20	ZZZPATEL I PRICARE
07/29/2008	13:00	ZZZPATEL I NURSE
07/28/2008	14:30	ZZZMHC BROWN
07/24/2008	16:30	PSYCH DOOLEY II
07/17/2008	16:30	PSYCH DOOLEY II
07/11/2008	10:46	TLCP PSYCHIATRY
07/10/2008	16:30	PSYCH DOOLEY II
07/09/2008	10:30	TBI HOGG 2HR CLINIC
07/09/2008	08:45	LAB FAST/NONFAST 3 WEST
07/03/2008	16:30	PSYCH DOOLEY II
06/26/2008	16:30	PSYCH DOOLEY II
06/19/2008	16:30	PSYCH DOOLEY II
06/12/2008	16:30	PSYCH DOOLEY II
06/05/2008	16:20	PSYCH DOOLEY II
05/06/2008	18:30	PSYCH DOOLEY II
04/29/2008	11:00	MRI
04/29/2008	10:30	THOMAS PRIMARY/30
04/29/2008	09:30	NEURO (EEG) 8TH FLR SILVER
04/23/2008	15:49	TLCP PSYCHIATRY
04/23/2008	13:44	TLCP SOCIAL WORK SERVICE
04/11/2008	10:54	TLCP BERWICK MHC
04/01/2008	15:07	TLCP OIF/OEF
04/01/2008	14:30	MRI
04/01/2008	11:30	MHC BHATIA CMI
04/01/2008	09:00	CP BUZANOWICZ
04/01/2008	08:30	LAB FAST/NONFAST 3 WEST
03/31/2008	13:00	PT-AMS/2ND FLR SILVER ARE
03/31/2008	11:30	NEURO (EEG) 8TH FLR SILVER
03/31/2008	10:30	ZZZMHC WEBSTER
03/24/2008	10:00	LAB FAST/NONFAST 3 WEST
03/24/2008	09:00	TBI HOGG 2HR CLINIC
03/20/2008	13:30	ZZZMHC WEBSTER
03/17/2008	12:30	ZZZMHC WEBSTER
03/14/2008	10:00	ZZZMHC SINON SWS
03/11/2008	10:55	TLCP SOCIAL WORK SERVICE
03/10/2008	21:00	TLCP PSYCHIATRY
03/10/2008	15:00	ZZZMHC SINON SWS
03/10/2008	14:00	MHC BOROWSKI WALK IN
03/10/2008	13:00	ZZZPATEL I PRICARE
03/10/2008	12:40	ZZZPATEL I NURSE
03/10/2008	10:10	TLCP SOCIAL WORK SERVICE
03/09/2008	05:37	ER (MIDNIGHT) CLINIC
03/07/2008	14:00	PT-AMS/2ND FLR SILVER ARE
03/04/2008	16:00	MHC BHATIA CMI
03/04/2008	14:40	TRIAGE-BASEMENT
03/04/2008	10:56	TLCP OIF/OEF
03/03/2008	13:00	ZZZPATEL I PRICARE
03/03/2008	12:40	ZZZPATEL I NURSE
03/02/2008	10:51	ER (AM) CLINIC
02/27/2008	08:00	PT-AMS/2ND FLR SILVER ARE
02/22/2008	13:00	ZZZPATEL I PRICARE
02/15/2008	15:00	LAB FAST/NONFAST 3 WEST
02/15/2008	13:00	ZZZPATEL I PRICARE
02/15/2008	09:22	ER (AM) CLINIC
02/15/2008	09:13	TRIAGE-BASEMENT
02/11/2008	10:52	TLCP PSYCHIATRY
02/08/2008	11:06	TLCP PSYCHIATRY
02/04/2008	09:00	MHC BHATIA CMI
01/30/2008	18:30	ZZZPCT GROUP PM
01/29/2008	08:30	ZZZMHC LUCAS
01/23/2008	18:30	ZZZPCT GROUP PM
01/17/2008	16:20	PSYCH DOOLEY II
01/16/2008	18:30	ZZZPCT GROUP PM
01/14/2008	10:38	TLCP OIF/OEF
01/10/2008	16:02	TLCP PSYCHIATRY
01/09/2008	09:00	ZZZPATEL I PRICARE
01/02/2008	18:30	ZZZPCT GROUP PM
12/26/2007	18:30	ZZZPCT GROUP PM
12/21/2007	13:30	PSYCH DOOLEY II

CANCELLED BY PATIENT
NO-SHOW

UNSCHEDULED

CANCELLED BY PATIENT
CANCELLED BY PATIENT

UNSCHEDULED
UNSCHEDULED
UNSCHEDULED
UNSCHEDULED
CANCELLED BY PATIENT
CANCELLED BY CLINIC
CANCELLED BY PATIENT
CANCELLED BY PATIENT
NO-SHOW
NO-SHOW
NO-SHOW

UNSCHEDULED
UNSCHEDULED

UNSCHEDULED

UNSCHEDULED

CANCELLED BY PATIENT
CANCELLED BY CLINIC

UNSCHEDULED
UNSCHEDULED

CANCELLED BY PATIENT

UNSCHEDULED
UNSCHEDULED

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----- HF - Health Factors (max 4 years) -----
(continued)

TBI-SECTION I - YES	03/09/2008
TBI-SECTION I - YES	04/11/2007
TBI-SECTION II - NO	04/11/2007
TBI-SECTION II - YES	03/09/2008
TBI-SECTION III - YES	03/09/2008
TBI-SECTION IV - YES	03/09/2008
TOBACCO	02/15/2008
CURRENT SMOKER	02/02/2009
HISTORY OF SMOKING	02/15/2008
HISTORY OF SMOKING	02/02/2009
SMOKING CESSATION REFUSED	02/15/2008
SMOKING CESSATION REFUSED	04/11/2007
SMOKING CESSATION REFUSED	02/02/2009
TOBACCO OFFERRED PT MEDS (PROVIDER)	01/09/2008
TOBACCO OFFERRED PT MEDS (PROVIDER)	02/02/2009
TOBACCO OFFERRED STOP SMOKING CLINIC	01/09/2008
TOBACCO OFFERRED STOP SMOKING CLINIC	01/09/2008
TOBACCO USER STATUS	02/02/2009
CURRENT SMOKER #2	02/15/2008
CURRENT SMOKER #2	02/04/2008
CURRENT SMOKER #2	04/11/2007
CURRENT SMOKER #2	02/02/2009
CURRENT TOBACCO USER	01/09/2008
CURRENT TOBACCO USER	
WEIGHT MANAGEMENT	01/09/2008
WT MGMT PROGRAM NOT RECOMMENDED	

----- CVF - Fut Clinic Visits -----
07/14/2009 09:30 SATU BEAM (RM- C9-21)

----- CVP - Past Clinic Visits (max 4 years) -----

06/16/2009 09:10	TLCP SUBSTANCE ABUSE	UNSCHEDULED
06/16/2009 09:00	SATU BEAM (RM- C9-21)	CANCELLED BY PATIENT
03/16/2009 14:00	SATU BEAM (RM- C9-21)	NO-SHOW
03/13/2009 10:47	TLCP OIF/OEF	UNSCHEDULED
03/02/2009 09:30	SATU BEAM (RM- C9-21)	CANCELLED BY PATIENT
02/02/2009 10:30	PSYCH DOOLEY II	
02/02/2009 09:00	SATU BEAM (RM- C9-21)	CANCELLED BY PATIENT
01/28/2009 14:00	SATU BEAM (RM- C9-21)	CANCELLED BY PATIENT
01/14/2009 13:00	SATU BEAM (RM- C9-21)	
01/08/2009 11:40	KHAN NEUROLOGY	CANCELLED BY CLINIC
12/24/2008 10:30	MHC BHATIA CMI	NO-SHOW
12/17/2008 12:30	PSYCH DOOLEY II	CANCELLED BY PATIENT
12/17/2008 11:00	SATU BEAM (RM- C9-21)	
11/13/2008 14:00	SATU BEAM (RM- C9-21)	
10/30/2008 16:30	PSYCH DOOLEY II	CANCELLED BY PATIENT
10/30/2008 15:00	SATU BEAM (RM- C9-21)	
10/23/2008 16:30	PSYCH DOOLEY II	NO-SHOW
10/23/2008 15:00	SATU BEAM (RM- C9-21)	CANCELLED BY PATIENT
10/16/2008 16:30	PSYCH DOOLEY II	
10/09/2008 16:30	PSYCH DOOLEY II	
10/02/2008 16:30	PSYCH DOOLEY II	
09/25/2008 16:30	PSYCH DOOLEY II	
09/18/2008 16:30	PSYCH DOOLEY II	
09/11/2008 16:30	PSYCH DOOLEY II	CANCELLED BY PATIENT
09/11/2008 13:00	ZZZPATEL I PRICARE	
09/11/2008 12:40	ZZZPATEL I NURSE	
09/08/2008 13:40	KHAN NEUROLOGY	
09/04/2008 16:30	PSYCH DOOLEY II	CANCELLED BY CLINIC
08/28/2008 16:30	PSYCH DOOLEY II	
08/26/2008 17:00	PSYCH DOOLEY II	
08/21/2008 16:30	PSYCH DOOLEY II	CANCELLED BY PATIENT
08/14/2008 16:30	PSYCH DOOLEY II	UNSCHEDULED
08/14/2008 11:23	TLCP DOOLEY	CANCELLED BY PATIENT
08/07/2008 16:30	PSYCH DOOLEY II	
08/05/2008 09:00	KHAN NEUROLOGY	
08/04/2008 14:45	ZZZMHC BRYSKI	UNSCHEDULED
08/01/2008 10:32	TLCP OIF/OEF	UNSCHEDULED

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----- HF - Health Factors (max 4 years) -----
(continued)

Category Health Factor	Visit Date
IRAQ SERVICE	03/09/2008
IRAQ SERVICE	04/11/2007
IRAQ/AFGHAN SERVICE	03/09/2008
IRAQ/AFGHAN SERVICE	04/11/2007
OTHER PHYSICAL SYMPTOMS SCREEN POSITIVE	04/11/2007
joint pains, headaches	04/11/2007
SKIN LESION SCREEN NEGATIVE	04/11/2007
UNEXPLAINED FEVERS SCREEN NEGATIVE	04/11/2007
MENTAL HEALTH	02/15/2008
DEP SCREEN 2 QUESTION POS	04/11/2007
DEP SCREEN 2 QUESTION POS	03/03/2008
DEPRESSION COUNSELING DONE	02/15/2008
DEPRESSION COUNSELING DONE	04/11/2007
PTSD SCREEN POSITIVE	04/11/2007
MOVE PROGRAM	01/09/2008
BMI CONSIDER ADDING OVERWEIGHT TO PL	04/11/2007
MST CATEGORY	04/11/2007
MST NO DOES NOT REPORT	03/03/2008
OTC DRUGS	03/03/2008
NO OTC DRUGS TAKEN	03/03/2008
PREVENTIVE HEALTH CATEGORY	05/11/2007
BMI <21 OR >25	03/03/2008
BMI <21 OR >25	05/11/2007
HEALTH SCREEN DONE	05/11/2007
HEALTH SCREEN DONE	04/11/2007
PTSD AVOIDANCE	04/11/2007
PTSD SCREEN - AVOIDANCE	04/11/2007
PTSD DETACHMENT	04/11/2007
PTSD SCREEN - DETACHED	04/11/2007
PTSD NIGHTMARES	04/11/2007
PTSD SCREEN - NIGHTMARES	04/11/2007
PTSD ON GUARD	04/11/2007
PTSD SCREEN - ON GUARD	04/11/2007
REMINDER FACTORS	02/15/2008
PHQ-2 SCORE=4	01/09/2008
REFUSED ADVANCE DIRECTIVE	04/29/2008
REFUSED INFLUENZA IMMUNIZATION	03/24/2008
REFUSED INFLUENZA IMMUNIZATION	02/15/2008
REFUSED INFLUENZA IMMUNIZATION	01/09/2008
REFUSED INFLUENZA IMMUNIZATION	12/05/2007
REFUSED INFLUENZA IMMUNIZATION	01/09/2008
SPIRITUAL SCREEN DONE	03/09/2008
TBI CURRENT SYMPTOMS	03/09/2008
TBI-CURRENT DIZZINESS	03/09/2008
TBI-CURRENT HEADACHES	03/09/2008
TBI-CURRENT IRRITABILITY	03/09/2008
TBI-CURRENT MEMORY PROBLEMS	03/09/2008
TBI-CURRENT SLEEP PROBLEM	03/09/2008
TBI-CURRENT VISUAL PROBLEMS	03/09/2008
TBI RESULTS	03/09/2008
TBI-CONCUSSION	03/09/2008
TBI-DAZED/CONFUSED	03/09/2008
TBI-NO MEMORY OF INJURY	03/09/2008
TBI-UNCONSCIOUS	03/09/2008
TBI SOURCE	03/09/2008
TBI-BLAST	04/11/2007
TBI-BLAST	04/11/2007
TBI SYMPTOMS	03/09/2008
TBI-DIZZINESS	03/09/2008
TBI-HEADACHES	03/09/2008
TBI-IRRITABILITY	03/09/2008
TBI-MEMORY PROBLEMS	03/09/2008
TBI-SLEEP PROBLEMS	03/09/2008
TBI-VISUAL PROBLEMS	03/09/2008
TBI-REFERRALS	03/09/2008
TBI-REFERRAL SENT	03/09/2008
TBI-SECTIONS	

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----- OE - Outpatient Encounter (max 4 years) -----
 (continued)

Date	Facility	Hospital Location	Encounter Elig.
04/11/2007	WILKES-BAR	TRIAGE-BASEMENT	NSC
Provider: FILIPKOWSKI, MARY (P)			
04/11/2007	WILKES-BAR	MHC BOROWSKI WALK IN	NSC
Provider: BOROWSKI, BERNARD (P)			
Diagnosis: 309.9-UNSPECIFIED ADJUSTMENT REACTION; Adjustment Disorder			
Unspecified * (ICD-9-CM 309.9) (P)			
Procedure: 99202-OFFICE/OUTPATIENT VISIT, NEW; expanded problem focused exam (1)			

----- ST - Skin Tests -----

No data available

----- IM - Immunizations -----

No data available

----- ED - Education (max 4 years) -----

Date	Facility	Topic - Understanding Level
02/02/2009	WILKES-BAR	ALCOHOL COUNSELING PERFORMED (PROVIDER) - GOOD UNDERSTA NA TOBACCO 1-800-QUIT NOW (www.smokefree.gov)
03/03/2008	WILKES-BAR	TOBACCO COUNSELING (PROVIDER) FY07 BREAST SELF EXAM - GOOD UNDERSTANDING SEATBELT/HELMET SAFETY EDUCATION VA-ALCOHOL ABUSE - GOOD UNDERSTANDING VA-DIABETES VA-EXERCISE - GOOD UNDERSTANDING VA-TOBACCO USE SCREENING - GOOD UNDERSTANDING
02/15/2008	WILKES-BAR	ED ADVISED TO STOP SMOKING HARMFUL EFFECTS OF TOBACCO
01/09/2008	WILKES-BAR	ALCOHOL COUNSELING PERFORMED (PROVIDER) - GOOD UNDERSTA TOBACCO COUNSELING (PROVIDER) FY07
05/11/2007	WILKES-BAR	SEATBELT/HELMET SAFETY EDUCATION VA-DIABETES

----- EXAM - Exams Latest (max 4 years) -----

Exam	Result	Date	Facility
TOBACCO USE SCREEN		02/15/2008	WILKES-BAR

----- HF - Health Factors (max 4 years) -----

Category Health Factor	Visit Date
ALCOHOL USE	
AUDIT C POSITIVE <8	01/09/2008
AUDIT C POSITIVE =/ >8	02/02/2009
FALSE POSITIVE AUDIT C	02/02/2009
ALLERGY INFORMATION	
NO KNOWN ALLERGIES	03/03/2008
NO KNOWN ALLERGIES	05/11/2007
ALTERNATIVE THERAPY	
NO ALTERNATIVE THERAPY	03/03/2008
NO ALTERNATIVE THERAPY	05/11/2007
HEPATITIS C	
PREVIOUS HEP C RISK ASSESSMENT	01/09/2008
IRAQ/AFGHANISTAN	
GI SYMPTOMS SCREEN NEGATIVE	04/11/2007

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----- OE - Outpatient Encounter (max 4 years) -----
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Date	Facility	Hospital Location	Encounter Elig.
05/16/2007	FILEROOM (Historical Event)		
05/11/2007	WILKES-BAR	ZZZMHC LUCAS INTAKE	NSC
	Provider: KOVALCHIK, MARC A (P)		
	Diagnosis: 309.9-UNSPECIFIED ADJUSTMENT REACTION; Adjustment Disorder		
	Unspecified (ICD-9-CM 309.9) (P)		
	Procedure: 99211-OFFICE/OUTPATIENT VISIT, EST; brief exam (md presence not req) (1)		
04/26/2007	WILKES-BAR	ZZZCP LOVRINIC	NSC
	Provider: LOVRINIC, DANIEL (P) GILL, EMILIE R (S)		
	Diagnosis: V70.5-HEALTH EXAMINATION OF DEFINED SUBPOPULATIONS (P)		
	Procedure: 99455-DISABILITY EXAMINATION (1)		
04/24/2007	WILKES-BAR	ZZZCP CASTRIGNANO	NSC
	Provider: CASTRIGNANO, DOMI (P)		
	Diagnosis: V70.5-HEALTH EXAMINATION OF DEFINED SUBPOPULATIONS (P)		
	Procedure: 99456-DISABILITY EXAMINATION (1)		
04/23/2007	WILKES-BAR	ZZZCP AUDIO PATCHOSKI	NSC
04/23/2007	WILKES-BAR	ZZZCP AUDIO PATCHOSKI	NSC
	Provider: PATCHOSKI, PHILIP (P)		
	Diagnosis: V70.5-HEALTH EXAMINATION OF DEFINED SUBPOPULATIONS (P)		
	Procedure: 99456-DISABILITY EXAMINATION (1)		
04/20/2007	FILEROOM (Historical Event)		
04/20/2007	WILKES-BAR	NURSE CLINIC MHC	NSC
	Provider: ROBINSON, JAN M (P)		
	Diagnosis: V70.5-HEALTH EXAMINATION OF DEFINED SUBPOPULATIONS; Health Examination of Defined Subpopulations (ICD-9-CM V70.5) (P)		
	Procedure: 99211-OFFICE/OUTPATIENT VISIT, EST; Office/Outpatient Visit for an Established Patient (CPT-4 99211) (1)		
04/20/2007	WILKES-BAR	ZZZcp mhc santos	NSC
	Provider: SANTOS, FRANCISCO (P)		
	Diagnosis: V70.1-GENERAL PSYCHIATRIC EXAMINATION, REQUESTED BY THE AUTHORITY; General Psychiatric Examination, Requested by the Authority (ICD-9-CM V70.1) (P)		
	Procedure: 99456-DISABILITY EXAMINATION; C&P EXAM (1)		
04/18/2007	WILKES-BAR	CP DERMATOLOGY	NSC
	Provider: STRANG, DAVID J (P)		
	Diagnosis: V70.5-HEALTH EXAMINATION OF DEFINED SUBPOPULATIONS (P)		
	Procedure: 99455-DISABILITY EXAMINATION (1)		
04/18/2007	WILKES-BAR	ZZZCP LOVRINIC	NSC
	Provider: LOVRINIC, DANIEL (P) DIXON, LAURA (S)		
	Diagnosis: V70.5-HEALTH EXAMINATION OF DEFINED SUBPOPULATIONS (P)		
	Procedure: 99455-DISABILITY EXAMINATION (1)		
04/17/2007	ZZZOIF/OEF-INTAKE/IRAQ (Historical Event)		
04/11/2007	WILKES-BAR	CP PODIATRY/BENEK	NSC
	Provider: BENEK, CAROL ANN (P)		
	Diagnosis: V70.5-HEALTH EXAMINATION OF DEFINED SUBPOPULATIONS (P)		
	Procedure: 99456-DISABILITY EXAMINATION (1)		

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----- OE - Outpatient Encounter (max 4 years) -----
(continued)

Date	Facility	Hospital Location	Encounter Elig.
08/31/2007	WILKES-BAR	TLCP OIF/OEF	NSC
Procedure: 99372-PHYSICIAN PHONE CONSULTATION; Intermediate Call (1)			
08/13/2007	WILKES-BAR	ZZZMHC LUCAS	NSC
Provider: LUCAS, EUGENE T J (P)			
Diagnosis: 309.9-UNSPECIFIED ADJUSTMENT REACTION; Adjustment Disorder			
Unspecified (ICD-9-CM 309.9) (P)			
309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81)			
Procedure: 90885-PSY EVALUATION OF RECORDS; Psy Evaluation of Records (1)			
90885-PSY EVALUATION OF RECORDS; Psy Evaluation of Records (1)			
07/18/2007	WILKES-BAR	TLCP PSYCHIATRY	NSC
Provider: LUCAS, EUGENE T J (P)			
Diagnosis: 309.9-UNSPECIFIED ADJUSTMENT REACTION; Adjustment Disorder			
Unspecified (ICD-9-CM 309.9) (P)			
309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81)			
Procedure: 99372-PHYSICIAN PHONE CONSULTATION; Intermediate Call (1)			
07/16/2007	WILKES-BAR	TLCP PSYCHIATRY	NSC
Provider: LUCAS, EUGENE T J (P)			
Diagnosis: 309.9-UNSPECIFIED ADJUSTMENT REACTION; Adjustment Disorder			
Unspecified (ICD-9-CM 309.9) (P)			
309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder * (ICD-9-CM 309.81) (P)			
Procedure: 99372-PHYSICIAN PHONE CONSULTATION; Intermediate Call (1)			
07/03/2007	WILKES-BAR	ZZZMHC LUCAS	NSC
Provider: LUCAS, EUGENE T J (P)			
Diagnosis: 309.9-UNSPECIFIED ADJUSTMENT REACTION; Adjustment Disorder			
Unspecified (ICD-9-CM 309.9) (P)			
Procedure: 90862-MEDICATION MANAGEMENT; Pharmacologic Mgt w/Psychotherapy (1)			
90862-MEDICATION MANAGEMENT; Pharmacologic Mgt w/Psychotherapy (1)			
06/22/2007	WILKES-BAR	TLCP PSYCHIATRY	NSC
Provider: LUCAS, EUGENE T J (P)			
Diagnosis: 309.9-UNSPECIFIED ADJUSTMENT REACTION; Adjustment Disorder			
Unspecified (ICD-9-CM 309.9) (P)			
Procedure: 99372-PHYSICIAN PHONE CONSULTATION; Intermediate Call (1)			
06/04/2007	WILKES-BAR	TLCP PSYCHIATRY	NSC
Provider: LUCAS, EUGENE T J (P)			
Diagnosis: 309.9-UNSPECIFIED ADJUSTMENT REACTION; Adjustment Disorder			
Unspecified (ICD-9-CM 309.9) (P)			
Procedure: 99372-PHYSICIAN PHONE CONSULTATION; Intermediate Call (1)			
05/31/2007	WILKES-BAR	TLCP PSYCHIATRY	NSC
Provider: LUCAS, EUGENE T J (P)			
Diagnosis: 309.9-UNSPECIFIED ADJUSTMENT REACTION; Adjustment Disorder			
Unspecified (ICD-9-CM 309.9) (P)			
Procedure: 99372-PHYSICIAN PHONE CONSULTATION; Intermediate Call (1)			
05/17/2007	ZZZMHC PIERCE (Historical Event)		

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 LASKOWSKI, STANLEY P III DOB: [REDACTED]

----- OE - Outpatient Encounter (max 4 years) -----
 (continued)

Date	Facility	Hospital Location	Encounter Elig.
12/26/2007	WILKES-BAR	ZZZPCT GROUP PM	SERVICE CONNECTED
Provider:	DOOLEY, MATTHEW (P)		
Diagnosis:	309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P)		
Procedure:	90853-GROUP PSYCHOTHERAPY; group therapy (1)		
12/21/2007	WILKES-BAR	PSYCH DOOLEY II	SERVICE CONNECTED
Provider:	DOOLEY, MATTHEW (P)		
Diagnosis:	309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P)		
Procedure:	90806-PSYTX, OFF, 45-50 MIN; psychotherapy, 45-50 min (1)		
12/20/2007	FILEROOM (Historical Event)		
12/14/2007	WILKES-BAR	ZZZCP PSYCH COLLINS	SERVICE CONNECTED
Provider:	COLLINS, THOMAS M (P)		
Diagnosis:	V70.5-HEALTH EXAMINATION OF DEFINED SUBPOPULATIONS (P)		
Procedure:	99456-DISABILITY EXAMINATION; C&P EXAM (1)		
12/14/2007	WILKES-BAR	ZZZMHC LUCAS	SERVICE CONNECTED
Provider:	LUCAS, EUGENE T J (P)		
Diagnosis:	309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P)		
Procedure:	90862-MEDICATION MANAGEMENT; Pharmacologic Mgt w/Psychotherapy (1)		
	90862-MEDICATION MANAGEMENT; Pharmacologic Mgt w/Psychotherapy (1)		
12/05/2007	WILKES-BAR	COMPENSATION/PENSION	SERVICE CONNECTED
12/05/2007	WILKES-BAR	NURSE CLINIC 1NORTH	SERVICE CONNECTED
Provider:	ROBINSON, JAN M (P)		
Diagnosis:	V70.5-HEALTH EXAMINATION OF DEFINED SUBPOPULATIONS; Health Examination of Defined Subpopulations (ICD-9-CM V70.5) (P)		
Procedure:	99211-OFFICE/OUTPATIENT VISIT, EST; Office/Outpatient Visit for an Established Patient (CPT-4 99211) (1)		
12/05/2007	WILKES-BAR	COMPENSATION/PENSION	SERVICE CONNECTED
12/05/2007	WILKES-BAR	CP BUZANOWICZ	SERVICE CONNECTED
Provider:	BUZANOWICZ, MARCE (P)		
Diagnosis:	V70.5-HEALTH EXAMINATION OF DEFINED SUBPOPULATIONS (P)		
Procedure:	99455-DISABILITY EXAMINATION (1)		
12/05/2007	WILKES-BAR	ZZZPCT GROUP PM	SERVICE CONNECTED
Provider:	DOOLEY, MATTHEW (P)		
Diagnosis:	309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P)		
Procedure:	90853-GROUP PSYCHOTHERAPY; group therapy (1)		
11/27/2007	TLCP PSYCHOLOGY (Historical Event)		
Provider:	DOOLEY, MATTHEW (P)		
Diagnosis:	309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P)		
Procedure:	99371-PHYSICIAN PHONE CONSULTATION; Brief Call (1)		
08/31/2007	WILKES-BAR	TLCP OIF/OEF	NSC
Provider:	MINORA, KATHLEEN (P)		
Diagnosis:	V65.40-OTHER UNSPECIFIED COUNSELING; OTH UNSP COUNSEL (P)		

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 LASKOWSKI, STANLEY P III [REDACTED] DOB: [REDACTED] 06/30/2009 09:41

----- OE - Outpatient Encounter (max 4 years) -----
 (continued)

Date	Facility	Hospital Location	Encounter Elig.
02/08/2008	WILKES-BAR (CPT-4 98966)	TLCP PSYCHIATRY (1)	SERVICE CONNECTED
02/04/2008	WILKES-BAR Provider: BHATIA, ARUNA (P) Diagnosis: 309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P) Procedure: 90862-MEDICATION MANAGEMENT; Pharmacologic Mgt w/Psychotherapy (1)	MHC BHATIA CMI	SERVICE CONNECTED
01/30/2008	FILEROOM (Historical Event)		
01/30/2008	WILKES-BAR Provider: DOOLEY, MATTHEW (P) Diagnosis: 309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P) Procedure: 90853-GROUP PSYCHOTHERAPY; group therapy (1)	ZZZPCT GROUP PM	SERVICE CONNECTED
01/23/2008	WILKES-BAR Provider: DOOLEY, MATTHEW (P) Diagnosis: 309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P) Procedure: 90853-GROUP PSYCHOTHERAPY; group therapy (1)	ZZZPCT GROUP PM	SERVICE CONNECTED
01/17/2008	WILKES-BAR Provider: DOOLEY, MATTHEW (P) Diagnosis: 309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P) Procedure: 90806-PSYTX, OFF, 45-50 MIN; psychotherapy, 45-50 min (1)	PSYCH DOOLEY II	SERVICE CONNECTED
01/16/2008	WILKES-BAR Provider: DOOLEY, MATTHEW (P) Diagnosis: 309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P) Procedure: 90853-GROUP PSYCHOTHERAPY; group therapy (1)	ZZZPCT GROUP PM	SERVICE CONNECTED
01/14/2008	WILKES-BAR Provider: DOMPKOSKY, SANDRA (P) Diagnosis: 309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P) Procedure: 99371-PHYSICIAN PHONE CONSULTATION; Brief Call (1)	TLCP OIF/OEF	SERVICE CONNECTED
01/10/2008	WILKES-BAR Provider: LUCAS, EUGENE T J (P) Diagnosis: 309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P) Procedure: 99372-PHYSICIAN PHONE CONSULTATION; Intermediate Call (1)	TLCP PSYCHIATRY	SERVICE CONNECTED
01/09/2008	WILKES-BAR Provider: PATEL, INDUBHAI M (P) Diagnosis: 719.45-PAIN IN JOINT INVOLVING PELVIC REGION AND THIGH; Hip Pain (P) Procedure: 99213-OFFICE/OUTPATIENT VISIT, EST; Expand Problem Focus (1)	ZZZPATEL I PRICARE	SERVICE CONNECTED
01/02/2008	WILKES-BAR Provider: DOOLEY, MATTHEW (P) Diagnosis: 309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P) Procedure: 90853-GROUP PSYCHOTHERAPY; group therapy (1)	ZZZPCT GROUP PM	SERVICE CONNECTED

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 LASKOWSKI, STANLEY P III [REDACTED] DOB: [REDACTED] 06/30/2009 09:41

----- OE - Outpatient Encounter (max 4 years) -----
 (continued)

Date	Facility	Hospital Location	Encounter Elig.
03/04/2008	WILKES-BAR	TRIAGE-BASEMENT	SERVICE CONNECTED
03/04/2008	WILKES-BAR	MHC BHATIA CMI	SERVICE CONNECTED
Provider: BHATIA, ARUNA (P) Diagnosis: 309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P) Procedure: 90862-MEDICATION MANAGEMENT; Pharmacologic Mgt w/Psychotherapy (1)			
03/03/2008	WILKES-BAR	ZZZPATEL I NURSE	SERVICE CONNECTED
03/03/2008	WILKES-BAR	ZZZPATEL I PRICARE	SERVICE CONNECTED
Provider: PATEL, INDUBHAI M (P) Diagnosis: 309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P) 719.45-PAIN IN JOINT INVOLVING PELVIC REGION AND THIGH; Hip Pain Procedure: 99213-OFFICE/OUTPATIENT VISIT, EST; Expand Problem Focus (1)			
03/02/2008	WILKES-BAR	ER (AM) CLINIC	SERVICE CONNECTED
Provider: RICE, WILLIAM R (P) Diagnosis: 848.9-UNSPECIFIED SITE OF SPRAIN AND STRAIN; Sprains and Strains * (ICD-9-CM 848.9) (P) Procedure: 99281-EMERGENCY DEPT VISIT; Er/Visit/Brief Exam (1)			
02/15/2008	WILKES-BAR	TRIAGE-BASEMENT	SERVICE CONNECTED
02/15/2008	WILKES-BAR	ER (AM) CLINIC	SERVICE CONNECTED
Provider: ARIAS, PAULA (P) PATEL, KAMLESH R (S) Diagnosis: 847.9-SPRAIN OF UNSPECIFIED SITE OF BACK; Back Strain (ICD-9-CM 847.9/729.9) (P) 309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) 719.45-PAIN IN JOINT INVOLVING PELVIC REGION AND THIGH; Hip Pain Procedure: 99283-EMERGENCY DEPT VISIT; ER VISIT/INTERMEDIATE EXAM (1) Multiple modifiers w/same name. Select IEN: 247; 367;			
02/15/2008	WILKES-BAR	ZZZPATEL I PRICARE	SERVICE CONNECTED
Provider: PATEL, INDUBHAI M (P) SNYDER, CYNTHIA (S) Diagnosis: 309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P) 719.45-PAIN IN JOINT INVOLVING PELVIC REGION AND THIGH; Hip Pain Procedure: 99213-OFFICE/OUTPATIENT VISIT, EST; Expand Problem Focus (1)			
02/11/2008	WILKES-BAR	TLCP PSYCHIATRY	SERVICE CONNECTED
Provider: BHATIA, ARUNA (P) Diagnosis: 309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P) Procedure: 99442-PHONE E/M BY PHYS 11-20 MIN; Telephone Evaluation and Management Service Provided by a Physician; 11-20 Minutes of Medical Discussion (CPT-4 99442) (1)			
02/08/2008	WILKES-BAR	TLCP PSYCHIATRY	SERVICE CONNECTED
Provider: BHATIA, ARUNA (P) Diagnosis: 309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P) Procedure: 98966-HC PRO PHONE CALL 5-10 MIN; Telephone Assessment and Management Service Provided by a Qualified Nonphysician Health Care Professional; 5-10 Minutes of Medical Discussion			

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LASKOWSKI, STANLEY P III

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----- OE - Outpatient Encounter (max 4 years) -----
(continued)

Date	Facility	Hospital Location	Encounter Elig.
03/10/2008	WILKES-BAR	ZZZPATEL I PRICARE	SERVICE CONNECTED
Provider:	PATEL, INDUBHAI M (P) KELLY, AMBER R (S)		
Diagnosis:	309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P)		
	719.45-PAIN IN JOINT INVOLVING PELVIC REGION AND THIGH; Hip Pain		
	305.1-TOBACCO USE DISORDER, UNSPECIFIED USE; Tobacco Use Disorder, Continuous		
Procedure:	99213-OFFICE/OUTPATIENT VISIT, EST; Expand Problem Focus (1)		
03/10/2008	WILKES-BAR	MHC BOROWSKI WALK IN	SERVICE CONNECTED
Provider:	BHATIA, ARUNA (P)		
Diagnosis:	309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P)		
	304.80-COMBINATIONS OF DRUG DEPENDENCE EXCLUDING OPIOID TYPE DRUG, UNSPECIFIED USE; POLYSUBSTANCE DEPENDENCE		
Procedure:	99212-OFFICE/OUTPATIENT VISIT, EST; problem focused exam (1)		
03/10/2008	WILKES-BAR	ZZZMHC SINON SWS	SERVICE CONNECTED
Provider:	SIMON, RONALD J (P)		
Diagnosis:	309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P)		
Procedure:	90804-PSYTX, OFFICE, 20-30 MIN; psychotherapy, 20-30 min (1)		
	90804-PSYTX, OFFICE, 20-30 MIN; psychotherapy, 20-30 min (1)		
03/10/2008	WILKES-BAR	TLCP PSYCHIATRY	SERVICE CONNECTED
Provider:	PATEL, INDUBHAI M (P)		
Diagnosis:	309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P)		
	304.80-COMBINATIONS OF DRUG DEPENDENCE EXCLUDING OPIOID TYPE DRUG, UNSPECIFIED USE; POLYSUBSTANCE DEPENDENCE		
Procedure:	99442-PHONE E/M BY PHYS 11-20 MIN (1)		
03/09/2008	WILKES-BAR	ER (MIDNIGHT) CLINIC	SERVICE CONNECTED
Provider:	DOSHI, SANJAYKUMA (P) NASSAR, FAWAZ (S)		
Diagnosis:	309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P)		
	719.45-PAIN IN JOINT INVOLVING PELVIC REGION AND THIGH; Hip Pain		
Procedure:	99284-EMERGENCY DEPT VISIT; ER VISIT/EXTENDED EXAM (1)		
	Multiple modifiers w/same name. Select IEN: 247; 367;		
03/07/2008	WILKES-BAR	PT-AMS/2ND FLR SILVER AREA	SERVICE CONNECTED
Provider:	CAPUTO, CHRISTINE (P)		
Diagnosis:	V57.1-CARE INVOLVING OTHER PHYSICAL THERAPY; Care involving other physical therapy (ICD-9-CM V57.1) (P)		
	912.8-OTHER AND UNSPECIFIED SUPERFICIAL INJURY OF SHOULDER AND UPPER ARM, WITHOUT MENTION OF INFECTION; Injury to the extrinsic muscles of the shoulder girdle (Group I; trapezius, levator scapulae and serratus) (ICD-9-CM 912.8)		
Procedure:	97001-PT EVALUATION; PT/KT Evaluation (1)		
	98960-SELF-MGMT EDUC & TRAIN, 1 PT (1)		
03/04/2008	WILKES-BAR	TLCP OIF/OEF	SERVICE CONNECTED
Provider:	DOMPKOSKY, SANDRA (P)		
Diagnosis:	309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P)		
Procedure:	98967-HC PRO PHONE CALL 11-20 MIN (1)		

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***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

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Date	Facility	Hospital Location	Encounter Elig.
----- OE - Outpatient Encounter (max 4 years) ----- (continued)			
04/08/2008	FILEROOM	(Historical Event)	
04/01/2008	WILKES-BAR	TLCP OIF/OEF	SERVICE CONNECTED
Provider: REEDY, MARY C (P)			
Diagnosis: V65.9-UNSPECIFIED REASON FOR CONSULTATION (P)			
Procedure: 98966-HC PRO PHONE CALL 5-10 MIN (1)			
03/31/2008	WILKES-BAR	ZZZMHC WEBSTER	SERVICE CONNECTED
03/31/2008	WILKES-BAR	NEURO(EEG) 8TH FLR SILVER AREA	SERVICE CONNECTED
03/31/2008	WILKES-BAR	PT-AMS/2ND FLR SILVER AREA	SERVICE CONNECTED
03/24/2008	WILKES-BAR	TBI HOGG 2HR CLINIC	SERVICE CONNECTED
Provider: VALANIA, CAROL A (P)			
Diagnosis: 850.9-CONCUSSION, UNSPECIFIED (P)			
Procedure: 99244-OFFICE CONSULTATION (1)			
03/20/2008	WILKES-BAR	ZZZMHC WEBSTER	SERVICE CONNECTED
Provider: WEBSTER, ROBERT B (P)			
Diagnosis: 309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P)			
Procedure: 99441-PHONE E/M BY PHYS 5-10 MIN (1)			
99441-PHONE E/M BY PHYS 5-10 MIN (1)			
03/17/2008	FILEROOM	(Historical Event)	
03/17/2008	WILKES-BAR	ZZZMHC WEBSTER	SERVICE CONNECTED
Provider: WEBSTER, ROBERT B (P)			
Diagnosis: 309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P)			
Procedure: 99441-PHONE E/M BY PHYS 5-10 MIN (1)			
03/14/2008	WILKES-BAR	ZZZMHC SINON SWS	SERVICE CONNECTED
Provider: SIMON, RONALD J (P)			
Diagnosis: 309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P)			
304.80-COMBINATIONS OF DRUG DEPENDENCE EXCLUDING OPIOID TYPE DRUG, UNSPECIFIED USE; POLYSUBSTANCE DEPENDENCE			
Procedure: 90804-PSYTX, OFFICE, 20-30 MIN; psychotherapy, 20-30 min (1)			
90804-PSYTX, OFFICE, 20-30 MIN; psychotherapy, 20-30 min (1)			
03/11/2008	WILKES-BAR	TLCP SOCIAL WORK SERVICE	SERVICE CONNECTED
Provider: SHALANSKI, JOHN J (P)			
Diagnosis: 309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P)			
Procedure: 99443-PHONE E/M BY PHYS 21-30 MIN (1)			
99442-PHONE E/M BY PHYS 11-20 MIN (1)			
03/10/2008	WILKES-BAR	TLCP SOCIAL WORK SERVICE	SERVICE CONNECTED
Provider: SIMON, RONALD J (P)			
Diagnosis: 309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P)			
Procedure: 98966-HC PRO PHONE CALL 5-10 MIN (1)			
03/10/2008	WILKES-BAR	ZZZPATEL I NURSE	SERVICE CONNECTED
03/10/2008	WILKES-BAR	ZZZPATEL I PRICARE	SERVICE CONNECTED

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 LASKOWSKI, STANLEY P III [REDACTED] DOB: [REDACTED] 06/30/2009 09:41

----- OE - Outpatient Encounter (max 4 years) -----
 (continued)

Date	Facility	Hospital Location	Encounter Elig.
06/20/2008	file (Historical Event)		
06/19/2008	WILKES-BAR	PSYCH DOOLEY II	SERVICE CONNECTED
Provider:	DOOLEY, MATTHEW (P)		
Diagnosis:	309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P)		
Procedure:	90806-PSYTX, OFF, 45-50 MIN; psychotherapy, 45-50 min (1)		
06/12/2008	WILKES-BAR	PSYCH DOOLEY II	SERVICE CONNECTED
06/03/2008	file (Historical Event)		
05/21/2008	FILEROOM (Historical Event)		
05/13/2008	FILE ROOM (Historical Event)		
05/06/2008	WILKES-BAR	PSYCH DOOLEY II	SERVICE CONNECTED
Provider:	DOOLEY, MATTHEW (P)		
Diagnosis:	309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P)		
Procedure:	90806-PSYTX, OFF, 45-50 MIN; psychotherapy, 45-50 min (1)		
05/01/2008	ZZZPAIN EVALUATION NURSE THR	(Historical Event)	
04/29/2008	WILKES-BAR	NEURO (EEG) 8TH FLR SILVER AREA	SERVICE CONNECTED
Provider:	LONGMORE, FLORENC (P)		
Diagnosis:	780.39-OTHER CONVULSIONS (P)		
Procedure:	95816-EEG, AWAKE AND DROWSY (1)		
04/29/2008	WILKES-BAR	THOMAS PRIMARY/30	SERVICE CONNECTED
Provider:	THOMAS, JUSTIN (P) O'MALLEY, CHERYL A (S)		
Diagnosis:	719.45-PAIN IN JOINT INVOLVING PELVIC REGION AND THIGH; Hip Pain (P)		
Procedure:	99212-OFFICE/OUTPATIENT VISIT, EST; Problem Focused (1)		
04/23/2008	WILKES-BAR	TLCP SOCIAL WORK SERVICE	SERVICE CONNECTED
Provider:	SIMON, RONALD J (P)		
Diagnosis:	309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P)		
	304.80-COMBINATIONS OF DRUG DEPENDENCE EXCLUDING OPIOID TYPE DRUG, UNSPECIFIED USE; POLYSUBSTANCE DEPENDENCE		
Procedure:	98966-HC PRO PHONE CALL 5-10 MIN (1)		
04/23/2008	WILKES-BAR	TLCP PSYCHIATRY	SERVICE CONNECTED
Provider:	WEBSTER, ROBERT B (P)		
Diagnosis:	309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P)		
Procedure:	99441-PHONE E/M BY PHYS 5-10 MIN (1)		
04/21/2008	TLCP PSYCHOLOGY	(Historical Event)	
Provider:	DOOLEY, MATTHEW (P)		
Diagnosis:	309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P)		
04/11/2008	BERWICK CB	TLCP BERWICK MHC	SERVICE CONNECTED
Provider:	WEBSTER, ROBERT B (P)		
Diagnosis:	309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P)		
Procedure:	99441-PHONE E/M BY PHYS 5-10 MIN (1)		
	99441-PHONE E/M BY PHYS 5-10 MIN (1)		

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 LASKOWSKI, STANLEY P III [REDACTED] DOB: [REDACTED]

----- OE - Outpatient Encounter (max 4 years) -----
 (continued)

Date	Facility	Hospital Location	Encounter Elig.
08/01/2008	WILKES-BAR	TLCP OIF/OEF	SERVICE CONNECTED
Diagnosis:	309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P)		
Procedure:	98966-HC PRO PHONE CALL 5-10 MIN (1)		
07/29/2008	WILKES-BAR	ZZZPATEL I NURSE	SERVICE CONNECTED
07/28/2008	WILKES-BAR	ZZZMHC BROWN	SERVICE CONNECTED
Provider:	BRYSKI, ALAN L (P)		
Diagnosis:	309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P)		
Procedure:	90862-MEDICATION MANAGEMENT; Pharmacologic Mgt w/Psychotherapy (1)		
07/24/2008	WILKES-BAR	PSYCH DOOLEY II	SERVICE CONNECTED
Provider:	DOOLEY, MATTHEW (P)		
Diagnosis:	309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P)		
Procedure:	90806-PSYTX, OFF, 45-50 MIN; psychotherapy, 45-50 min (1)		
07/17/2008	WILKES-BAR	PSYCH DOOLEY II	SERVICE CONNECTED
Provider:	DOOLEY, MATTHEW (P)		
Diagnosis:	309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P)		
Procedure:	90806-PSYTX, OFF, 45-50 MIN; psychotherapy, 45-50 min (1)		
07/11/2008	WILKES-BAR	TLCP PSYCHIATRY	SERVICE CONNECTED
Provider:	WEBSTER, ROBERT B (P)		
Diagnosis:	309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P)		
Procedure:	99441-PHONE E/M BY PHYS 5-10 MIN (1)		
07/10/2008	WILKES-BAR	PSYCH DOOLEY II	SERVICE CONNECTED
Provider:	DOOLEY, MATTHEW (P)		
Diagnosis:	309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P)		
Procedure:	90806-PSYTX, OFF, 45-50 MIN; psychotherapy, 45-50 min (1)		
07/09/2008	WILKES-BAR	TBI HOGG 2HR CLINIC	SERVICE CONNECTED
Provider:	HOGG, JUDITH E (P) VALANIA, CAROL A (S)		
Diagnosis:	850.0-CONCUSSION WITH NO LOSS OF CONSCIOUSNESS; Concussion with no loss of consciousness (ICD-9-CM 850.0) (P)		
Procedure:	99212-OFFICE/OUTPATIENT VISIT, EST; PROBLEM FOCUSED EXAM (1)		
07/03/2008	WILKES-BAR	PSYCH DOOLEY II	SERVICE CONNECTED
Provider:	DOOLEY, MATTHEW (P)		
Diagnosis:	309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P)		
Procedure:	90806-PSYTX, OFF, 45-50 MIN; psychotherapy, 45-50 min (1)		
06/30/2008	file (Historical Event)		
06/26/2008	WILKES-BAR	PSYCH DOOLEY II	SERVICE CONNECTED
Provider:	DOOLEY, MATTHEW (P)		
Diagnosis:	309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P)		
Procedure:	90806-PSYTX, OFF, 45-50 MIN; psychotherapy, 45-50 min (1)		

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***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
pg. 58 *****
DOB: [REDACTED]

----- OE - Outpatient Encounter (max 4 years) -----
(continued)

Date	Facility	Hospital Location	Encounter Elig.
09/11/2008	WILKES-BAR	ZZZPATEL I NURSE	SERVICE CONNECTED
09/11/2008	WILKES-BAR	ZZZPATEL I PRICARE	SERVICE CONNECTED
Provider: PATEL, INDUBHAI M (P) Diagnosis: 309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P) 719.45-PAIN IN JOINT INVOLVING PELVIC REGION AND THIGH; Hip Pain 305.1-TOBACCO USE DISORDER, UNSPECIFIED USE; Tobacco Use Disorder, Continuous 304.80-COMBINATIONS OF DRUG DEPENDENCE EXCLUDING OPIOID TYPE DRUG, UNSPECIFIED USE; POLYSUBSTANCE DEPENDENCE 345.90-EPILEPSY, UNSPECIFIED, WITHOUT MENTION OF INTRACTABLE EPILEPSY; Epilepsy (ICD-9-CM 345.90) (P) Procedure: 99213-OFFICE/OUTPATIENT VISIT, EST; Expand Problem Focus (1)			
09/08/2008	WILKES-BAR	KHAN NEUROLOGY	SERVICE CONNECTED
Provider: KHAN, IQBAL A (P) VALANIA, CAROL A (S) Diagnosis: 345.90-EPILEPSY, UNSPECIFIED, WITHOUT MENTION OF INTRACTABLE EPILEPSY; Epilepsy (ICD-9-CM 345.90) (P) Procedure: 99214-OFFICE/OUTPATIENT VISIT, EST; DETAILED (1)			
09/04/2008	WILKES-BAR	PSYCH DOOLEY II	SERVICE CONNECTED
Provider: DOOLEY, MATTHEW (P) Diagnosis: 309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P) Procedure: 90806-PSYTX, OFF, 45-50 MIN; psychotherapy, 45-50 min (1)			
08/26/2008	WILKES-BAR	PSYCH DOOLEY II	SERVICE CONNECTED
Provider: DOOLEY, MATTHEW (P) Diagnosis: 309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P) Procedure: 90806-PSYTX, OFF, 45-50 MIN; psychotherapy, 45-50 min (1)			
08/21/2008	WILKES-BAR	PSYCH DOOLEY II	SERVICE CONNECTED
Provider: DOOLEY, MATTHEW (P) Diagnosis: 309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P) Procedure: 90806-PSYTX, OFF, 45-50 MIN; psychotherapy, 45-50 min (1)			
08/14/2008	WILKES-BAR	TLCP DOOLEY	SERVICE CONNECTED
Provider: DOOLEY, MATTHEW (P) Diagnosis: 309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P) Procedure: 98966-HC PRO PHONE CALL 5-10 MIN (1)			
08/05/2008	WILKES-BAR	KHAN NEUROLOGY	SERVICE CONNECTED
Provider: KHAN, IQBAL A (P) POPROC, DONNA M (S) Diagnosis: 345.90-EPILEPSY, UNSPECIFIED, WITHOUT MENTION OF INTRACTABLE EPILEPSY; Epilepsy * (ICD-9-CM 345.90) (P) Procedure: 99214-OFFICE/OUTPATIENT VISIT, EST; DETAILED (1)			
08/04/2008	WILKES-BAR	ZZZMHC BRYSKI	SERVICE CONNECTED
Provider: BRYSKI, ALAN L (P) Diagnosis: 309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P) Procedure: 98966-HC PRO PHONE CALL 5-10 MIN (1)			
08/01/2008	WILKES-BAR	TLCP OIF/OEF	SERVICE CONNECTED
Provider: DOMPKOSKY, SANDRA (P)			

MIS

***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
pg. 57 *****
DOB: [REDACTED]

----- OE - Outpatient Encounter (max 4 years) -----
(continued)

Date	Facility	Hospital Location	Encounter Elig.
01/08/2009	WILKES-BAR	KHAN NEUROLOGY	SERVICE CONNECTED
Provider: KHAN, IQBAL A (P) Diagnosis: 780.39-OTHER CONVULSIONS; Seizures * (ICD-9-CM 780.39) (P) Procedure: 99213-OFFICE/OUTPATIENT VISIT, EST; EXPANDED PROBLEM FOCUS (1)			
12/17/2008	WILKES-BAR	PSYCH DOOLEY II	SERVICE CONNECTED
11/13/2008	WILKES-BAR	SATU BEAM (RM- C9-21)	SERVICE CONNECTED
Provider: BEAM, JOSEPH R (P) Diagnosis: V65.42-COUNSELING ON SUBSTANCE USE AND ABUSE; COUNSEL-SUBS USE/ABUSE (P) Procedure: 99395-PREV VISIT, EST, AGE 18-39 (1)			
10/30/2008	WILKES-BAR	TLCP SUBSTANCE ABUSE	SERVICE CONNECTED
10/30/2008	WILKES-BAR	PSYCH DOOLEY II	SERVICE CONNECTED
Provider: DOOLEY, MATTHEW (P) Diagnosis: 309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P) Procedure: 90806-PSYTX, OFF, 45-50 MIN; psychotherapy, 45-50 min (1) Modifier AH-Clinical Psychologist			
10/23/2008	WILKES-BAR	SATU BEAM (RM- C9-21)	SERVICE CONNECTED
10/23/2008	WILKES-BAR	PSYCH DOOLEY II	SERVICE CONNECTED
Provider: DOOLEY, MATTHEW (P) Diagnosis: 309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P) Procedure: 90806-PSYTX, OFF, 45-50 MIN; psychotherapy, 45-50 min (1) Modifier AH-Clinical Psychologist			
10/09/2008	WILKES-BAR	PSYCH DOOLEY II	SERVICE CONNECTED
Provider: DOOLEY, MATTHEW (P) Diagnosis: 309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P) Procedure: 90806-PSYTX, OFF, 45-50 MIN; psychotherapy, 45-50 min (1) Modifier AH-Clinical Psychologist			
10/03/2008	WILKES-BAR	TLCP OIF/OEF NO SHOW-F/U	SERVICE CONNECTED
10/02/2008	WILKES-BAR	PSYCH DOOLEY II	SERVICE CONNECTED
Provider: DOOLEY, MATTHEW (P) Diagnosis: 309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P) Procedure: 90806-PSYTX, OFF, 45-50 MIN; psychotherapy, 45-50 min (1) Modifier AH-Clinical Psychologist			
09/25/2008	WILKES-BAR	PSYCH DOOLEY II	SERVICE CONNECTED
Provider: DOOLEY, MATTHEW (P) Diagnosis: 309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P) Procedure: 90806-PSYTX, OFF, 45-50 MIN; psychotherapy, 45-50 min (1) Modifier AH-Clinical Psychologist			
09/18/2008	WILKES-BAR	PSYCH DOOLEY II	SERVICE CONNECTED
Provider: DOOLEY, MATTHEW (P) Diagnosis: 309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress Disorder (ICD-9-CM 309.81) (P) Procedure: 90806-PSYTX, OFF, 45-50 MIN; psychotherapy, 45-50 min (1)			

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***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

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pg. 56 *****
DOB: [REDACTED]

----- IP - Imaging Profile (max 4 years) -----

(continued)

The examination reveals satisfactory development of the maxillary, ethmoid, frontal and sphenoid sinuses. The sinuses are clear and well aerated revealing no mucosal thickening, mass densities or retained fluid. The osseous margins are intact.

Impression:
Normal paranasal sinus study.

DX Codes:
NORMAL

----- MEDF - Med Full Report (max 4 years) -----

No Procedure Data for the patient.

----- SR - Surgery Rpt (OR/NON) (max 4 years) -----

No data available

----- DI - Dietetics (max 4 years) -----

No data available

----- OE - Outpatient Encounter (max 4 years) -----

Date	Facility	Hospital Location	Encounter Elig.
06/16/2009	WILKES-BAR	TLCP SUBSTANCE ABUSE	SERVICE CONNECTED
Provider: BEAM, JOSEPH R (P)			
Diagnosis: V65.42-COUNSELING ON SUBSTANCE USE AND ABUSE; COUNSEL-SUBS			
USE/ABUSE (P)			
Procedure: 98966-HC PRO PHONE CALL 5-10 MIN (1)			
03/16/2009	WILKES-BAR	SATU BEAM (RM- C9-21)	SERVICE CONNECTED
03/13/2009	WILKES-BAR	TLCP OIF/OEF	SERVICE CONNECTED
Provider: MATASH, RICHARD C (P)			
Diagnosis: V65.9-UNSPECIFIED REASON FOR CONSULTATION; Health Maintenance			
(ICD-9-CM V65.9) (P)			
Procedure: 98966-HC PRO PHONE CALL 5-10 MIN (1)			
02/02/2009	WILKES-BAR	SATU BEAM (RM- C9-21)	SERVICE CONNECTED
Provider: BEAM, JOSEPH R (P)			
Diagnosis: V65.42-COUNSELING ON SUBSTANCE USE AND ABUSE; Counseling on			
Substance Use and Abuse (ICD-9-CM V65.42) (P)			
Procedure: 99402-PREVENTIVE COUNSELING, INDIV; Preventive Medicine			
Counseling and/or Risk Factor Reduction Intervention provided to			
an individual (30 minutes) (CPT-4 99402) (1)			
02/02/2009	Historical Event		
02/02/2009	WILKES-BAR	PSYCH DOOLEY II	SERVICE CONNECTED
Provider: DOOLEY, MATTHEW (P)			
Diagnosis: 309.81-POSTTRAUMATIC STRESS DISORDER; Posttraumatic Stress			
Disorder (ICD-9-CM 309.81) (P)			
Procedure: 90806-PSYTX, OFF, 45-50 MIN; psychotherapy, 45-50 min (1)			

Modifier AH-Clinical Psychologist

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***** CONFIDENTIAL Clinical Data (4y) SUMMARY pg. 55 06/30/2009 09:41
 LASKOWSKI, STANLEY P III [REDACTED] *****
 DOB: [REDACTED]

----- IP - Imaging Profile (max 4 years) -----
 (continued)

History:
 FOR CP EXAM

Report:
 Right forearm

Two views of the right forearm were obtained. There is no recent fracture, dislocation, osteolytic or osteoblastic disease. The soft tissues appear intact. There is minimal deformity of the distal ulnar shaft suggestive of an old healed fracture.

Impression:
 Minimal deformity of the distal ulnar shaft compatible with an old healed fracture.

DX Codes:
 MINOR ABNORMALITY

04/11/2007 CHEST 2 VIEWS PA&LAT
 CPT Code: 71020
 Interpreting Staff: ZABELL, ARLEEN S
 Exam Case Number: 567
 Exam Status: COMPLETE
 Rpt Status: VERIFIED Technologist: WASLEY, JOHN G

Reason for Study:

History:
 FOR CP EXAM

Report:
 PA & Lateral Chest

Erect PA and lateral views of the chest reveal the heart to be normal in size and configuration. Both lungs are well expanded and free of infiltrates. There are no pleural effusions or pulmonary vascular congestion. The mediastinum, hilar areas and hemidiaphragms are unremarkable. The bony structures are unremarkable.

Impression:
 Heart and lungs are within normal limits. Hyperinflation.

DX Codes:
 NORMAL

04/11/2007 SINUSES 3 OR MORE VIEWS
 CPT Code: 70220
 Interpreting Staff: ZABELL, ARLEEN S
 Exam Case Number: 568
 Exam Status: COMPLETE
 Rpt Status: VERIFIED Technologist: WASLEY, JOHN G

Reason for Study:

History:
 FOR CP EXAM

Report:
 Paranasal sinuses

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***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

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DOB: [REDACTED]

----- IP - Imaging Profile (max 4 years) -----
(continued)
FOR CP EXAM, WITH AND WITHOUT WEIGHTBEARING, AP , LATERAL
& OBLIQUE

Report:
Bilateral feet

Multiple views of the feet were obtained. There is no recent fracture, dislocation, osteolytic or osteoblastic changes. There is a right plantar calcaneal spur. The soft tissues appear intact. There is a smooth area of increased density in the distal left calcaneus compatible with a benign bone island.

Impression:
Normal bilateral feet with left calcaneal benign bone island and right plantar calcaneal spur.

DX Codes:
MINOR ABNORMALITY

04/11/2007 HIP 2 OR MORE VIEWS
Procedure Modifier: BILATERAL EXAM
CPT Code: 73510
Interpreting Staff: ZABELL, ARLEEN S
Exam Case Number: 565
Exam Status: COMPLETE
Rpt Status: VERIFIED Technologist: WASLEY, JOHN G

Reason for Study:

History:
FOR CP EXAM

Report:
Bilateral hip joints

The regional bony structures are normal in configuration and density. There is no evidence of new or old osseous injury. The femoral heads are well positioned within the acetabulum. The joint spaces are well preserved with smooth margins. No soft tissue abnormality is demonstrated. Small area of increased density is identified in the right femoral head compatible with a benign bone island.

Impression:
Normal study of the bilateral hip joints.

DX Codes:
NORMAL

04/11/2007 FOREARM 2 VIEWS
Procedure Modifier: RIGHT
CPT Code: 73090
Interpreting Staff: ZABELL, ARLEEN S
Exam Case Number: 566
Exam Status: COMPLETE
Rpt Status: VERIFIED Technologist: WASLEY, JOHN G

Reason for Study:

M19

***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
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DOB: [REDACTED]

----- IP - Imaging Profile (max 4 years) -----
(continued)

Any known allergies? TRAMADOL

Is patient pregnant? Not Applicable

Job 07-08 MRC Approved 4-11-07

Report:

Procedure: MRI of the brain was performed utilizing routine multiplanar, multisequence brain imaging difficult. There are no prior study for comparison.

Findings: The ventricles, cisterns and CSF-containing spaces are symmetric bilaterally and within normal limits. Minimal white matter small vessel ischemic changes are identified. No evidence for intracranial mass lesion, mass-effect, hemorrhage or large vessel distribution ischemic event is identified. The cortical gray-white matter differentiation remain sharp throughout the brain. Cerebellum, brain stem and remainder of posterior fossa structures are unremarkable. Great vessels maintain normal caliber and appearance. The remainder of the osseous and soft tissue structures are unremarkable.

Impression:

No evidence of acute intracranial abnormality.

DX Codes:

MINOR ABNORMALITY

12/05/2007

CHEST 2 VIEWS PA&LAT

CPT Code: 71020

Interpreting Staff: GAMBILL, NEIL

Exam Case Number: 486

Exam Status: COMPLETE

Rpt Status: VERIFIED

Technologist: TAYLOR, ERNEST D

Reason for Study:

See clinical History:

History:

C/P EXAM - OEF/OIF R/O ANY ACTIVE LUNG DISEASE

Report:

Findings: PA and lateral views are obtained. The lung fields are clear. The heart is not enlarged. Mild degenerative change noted within the thoracic spine.

Impression:

1. No active disease process is evident radiographically.

DX Codes:

NORMAL

04/11/2007

FOOT 3 OR MORE VIEWS

Procedure Modifier: BILATERAL EXAM

CPT Code: 73630

Interpreting Staff: ZABELL, ARLEEN S

Exam Case Number: 564

Exam Status: COMPLETE

Rpt Status: VERIFIED

Technologist: WASLEY, JOHN G

Reason for Study:

History:

MZO

***** CONFIDENTIAL Clinical Data (4y) SUMMARY pg. 52 *****
 LASKOWSKI, STANLEY P III [REDACTED] DOB: [REDACTED] 06/30/2009 09:41

----- CY - Cytopathology (max 4 years) -----
 (continued)

No data available

----- SP - Surgical Pathology (max 4 years) -----

No data available

----- IP - Imaging Profile (max 4 years) -----

04/29/2008 MAGNETIC IMAGE, BRAIN
 CPT Code: 70551
 Interpreting Staff: GREENWALD, SCOTT
 Exam Case Number: 389
 Exam Status: COMPLETE
 Rpt Status: VERIFIED Technologist: COVERT, CHRISTOPHER

Reason for Study:
 See Clinical History:

History:
 WEIGHT: 193.7 lb [88.0 kg] (03/24/2008 09:11) HEIGHT: 68 in
 [172.7 cm] (04/26/2007 14:06)

**If weight exceeds 350lbs, please order OPEN MRI BELOW

Is patient claustrophobic? No

If YES, can sedation be used for closed MRI?
 If YES, order OPEN MRI below

Type of MRI: Closed
 Without Gadolinium
 CREATININE (CX-3) - NONE FOUND

Reason for request (Clinical Diagnosis):
 S/P Head injury with headache, sensitivity to light and
 single seizure

Does the patient have a pacemaker? No

Does the patient have aneurysm clips? No

Does the veteran have anything to interfere with an MRI? (Such
 as electrodes, metal implants, screws, pins, hearing aids,
 cochlear implants, removable dental work, etc? No

OCCUPATION:

Has the patient ever worked with metal? No
 Type:

Has the patient had metal removed from his/her eyes? No
 Type:

Has the patient had surgery in the past year? No
 When:
 Type:
 Where (body part):

Surgical Implants? No
 Type:

Has the patient had any previous exams to area of interest?
 No
 Type:

M21

***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
pg. 51 *****
DOB: [REDACTED]

----- CH - Chem & Hematology (max 4 years) -----						
Collection DT	Specimen	Test Name	Result	Units	Ref Range	
12/05/2007 07:35	BLOOD	MCH	32.5 H	pg	27	31
"	"	MCHC	34.3	gm/dL	33	37
"	"	RDW	12.7	%	11.5	14.5
"	"	PLT	208	K/cmm	130	400
"	"	MPV	8.3	u/cmm	7.4	10.4
"	"	NEUTRO %	66.0 H	%	40	60
"	"	LYMPH %	23.1 L	%	28	42
"	"	MONO %	7.8	%	0	8
"	"	EOSIN %	2.6	%	0	5
"	"	BASO %	0.5	%	0	1
"	"	NEUTRO #	6.8 H	K/cmm	1.9	6.6
"	"	LYMPH #	2.4	K/cmm	1.3	4.6
"	"	MONO #	0.8	K/cmm	0.0	0.9
"	"	EOSIN #	0.3	K/cmm	0.0	0.6
"	"	BASO #	0.0	K/cmm	0.0	0.1
04/18/2007 09:00	BLOOD	WBC	7.1	K/cmm	4.8	10.8
"	"	RBC	4.87	M/cmm	4.7	6.1
"	"	HGB	16.4	g/dL	14	18
"	"	HCT	46.8	%	42	52
"	"	MCV	96.1 H	u/cmm	80	94
"	"	MCH	33.6 H	pg	27	31
"	"	MCHC	35	gm/dL	33	37
"	"	RDW	12.9	%	11.5	14.5
"	"	PLT	243	K/cmm	130	400
"	"	MPV	8	u/cmm	7.4	10.4
"	"	NEUTRO %	60.3 H	%	40	60
"	"	LYMPH %	29.9	%	28	42
"	"	MONO %	6.8	%	0	8
"	"	EOSIN %	2.6	%	0	5
"	"	BASO %	.4	%	0	1
"	"	NEUTRO #	4.3	K/cmm	1.9	6.6
"	"	LYMPH #	2.1	K/cmm	1.3	4.6
"	"	MONO #	.5	K/cmm	0.0	0.9
"	"	EOSIN #	.2	K/cmm	0.0	0.6
"	"	BASO #	.0	K/cmm	0.0	0.1
04/18/2007 09:00	URINE	URINE COLOR	Light-Yellow			
"	"	APPEARA	Clear			
"	"	SPECIFIC GRAVITY	1.007		1.002	1.030
"	"	URINE PH	5.5		4.8	7.5
"	"	URINE PROTEIN	Neg.		Neg.	
"	"	GLUCOSE	Neg.		Neg.	
"	"	URINE KETONES	Neg.		Neg.	
"	"	URINE BILIRUBIN	NEG		Neg.	
"	"	URINE BLOOD	NEG		Neg.	
"	"	NITRITE, URINE	NEG		Neg.	
"	"	UROBILINOGEN	Norm.	EU/dL	Norm.	
"	"	LEUKOCYTE ESTERAS	NEG		Neg.	
"	"	URINE WBC/HPF	<1	/HPF	Occ.	
"	"	URINE RBC/HPF	[none]	/HPF	None	
"	"	SO.EPTH	RARE			
"	"	URINE BACTERIA	NoneObs			
"	"	URINE YEAST	NoneObs			
04/18/2007 09:00	SERUM	GLUCOSE	114 H	mg/dL	70	110
"	"	UREA NITROGEN (CX)	8	mg/dL	6	20
"	"	CREATININE (CX)	1.1	mg/dL	0.5	1.2
"	"	SODIUM (CX)	136	mmol/L	135	145
"	"	POTASSIUM (CX)	4.2	mmol/L	3.6	5.0
"	"	CHLORIDE (CX)	104	mmol/L	101	111
"	"	CO2 (CX)	24.0	mmol/L	21	31
"	"	eGFR	84			

----- MIC - Microbiology (max 4 years) -----

No data available

----- CY - Cytopathology (max 4 years) -----

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***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
pg. 50 *****
DOB: [REDACTED]

----- CH - Chem & Hematology (max 4 years) -----						
Collection DT	Specimen	Test Name	Result	Units	Ref Range	
03/09/2008 08:45	SERUM	CO2 (CX)	28.0	mmol/L	21	31
"	"	eGFR	121			
"	"	PHOSPHOROUS (CX)	3.9	mg/dL	2.5	4.6
"	"	MAGNESIUM (CX)	1.9	mg/dL	1.80	2.50
"	"	TOTAL PROTEIN (CX)	6.7	g/dL	6.7	8.2
"	"	ALBUMIN (CX)	4.4	g/dL	3.2	5.5
"	"	ALK PHS	56	IU/L	42	121
"	"	SGOT (CX)	29	IU/L	10	42
"	"	SGPT (CX)	34	IU/L	10	60
"	"	T.BILI	0.7	mg/dL	0.2	1.0
"	"	AMYLASE (CX)	55	U/L	25	125
03/09/2008 08:45	BLOOD	WBC	8.1	K/cmm	4.8	10.8
"	"	RBC	4.60 L	M/cmm	4.7	6.1
"	"	HGB	15.0	g/dL	14	18
"	"	HCT	42.7	%	42	52
"	"	MCV	92.8	u/cmm	80	94
"	"	MCH	32.6 H	pg	27	31
"	"	MCHC	35.1	gm/dL	33	37
"	"	RDW	13.7	%	11.5	14.5
"	"	PLT	192	K/cmm	130	400
"	"	MPV	7.4	u/cmm	7.4	10.4
"	"	NEUTRO %	64.7 H	%	40	60
"	"	LYMPH %	25.8 L	%	28	42
"	"	MONO %	6.9	%	0	8
"	"	EOSIN %	2.3	%	0	5
"	"	BASO %	0.3	%	0	1
"	"	NEUTRO #	5.2	K/cmm	1.9	6.6
"	"	LYMPH #	2.1	K/cmm	1.3	4.6
"	"	MONO #	0.6	K/cmm	0.0	0.9
"	"	EOSIN #	0.2	K/cmm	0.0	0.6
"	"	BASO #	0.0	K/cmm	0.0	0.1
02/15/2008 14:49	SERUM	LYME DISEASE	NEG		NEG	
Comment: IF POSITIVE SEE CONFIRMATORY LYME WESTERN BLOT.						
Comment: PERFORMED Philadelphia VAMC, University & Woodland				Aves, Philadelphia, PA		
02/15/2008 14:49	SERUM	ANA-PVA	NEG	DILS	NEG	
Comment: PERFORMED Philadelphia VAMC, University & Woodland				Aves, Philadelphia, PA		
02/15/2008 14:49	BLOOD	SED RATE (dc)	2	mm/Hr.	0	15
12/05/2007 07:35	URINE	URINE COLOR	Yellow			
"	"	APPEARA	Clear			
"	"	SPECIFIC GRAVITY	1.018		1.002	1.030
"	"	URINE PH	5.5		4.8	7.5
"	"	URINE PROTEIN	Neg.		Neg.	
"	"	GLUCOSE	Neg.		Neg.	
"	"	URINE KETONES	1+		Neg.	
"	"	URINE BILIRUBIN	Neg.		Neg.	
"	"	URINE BLOOD	Neg.		Neg.	
"	"	NITRITE, URINE	Neg.		Neg.	
"	"	UROBILINOGEN	2	EU/dL	Norm.	
"	"	LEUKOCYTE ESTERAS	Neg.		Neg.	
"	"	URINE WBC/HPF	RARE	/HPF	Occ.	
"	"	URINE RBC/HPF	RARE	/HPF	None	
"	"	SO.EPTH	RARE			
"	"	URINE BACTERIA	Noneobs			
"	"	URINE MUCUS	SMALL			
"	"	URINE YEAST	Noneobs			
12/05/2007 07:35	SERUM	GLUCOSE	77	mg/dL	65	99
"	"	UREA NITROGEN (CX)	11	mg/dL	6	20
"	"	CREATININE (CX)	1.0	mg/dL	0.5	1.2
"	"	SODIUM (CX)	137	mmol/L	135	145
"	"	POTASSIUM (CX)	3.8	mmol/L	3.6	5.0
"	"	CHLORIDE (CX)	106	mmol/L	101	111
"	"	CO2 (CX)	25.0	mmol/L	21	31
"	"	eGFR	94			
12/05/2007 07:35	BLOOD	WBC	10.2	K/cmm	4.8	10.8
"	"	RBC	4.73	M/cmm	4.7	6.1
"	"	HGB	15.4	g/dL	14	18
"	"	HCT	44.8	%	42	52
"	"	MCV	94.7 H	u/cmm	80	94

M23

***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
pg. 49 *****
DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
(continued)

will be available to attend those appointments and looks forward to beginning treatment. I discussed with veteran the need for additional trauma history taking and potential use of motivational interviewing to prepare him for that protocol. The veteran expressed understanding and agreement. I provided veteran with additional information on treatment protocol, expectations, and cautions.

I introduced veteran to mindfulness and relaxation training exercise as well as grounding exercise to be used with mindfulness skills. I performed techniques with veteran for demonstration. I advised veteran to follow therapeutic protocols. I provided veteran with hand outs describing use of techniques for training purposes. The veteran expressed understanding and agreement with all above recommendations.

A: The veteran displayed mildly anxious mood with restricted affect. He denied and did not demonstrate symptoms consistent with current suicidal ideation, homicidal ideation, auditory or visual hallucination. His insight and judgment seemed good. His speech was logical, coherent, and sequential.

Diagnosis: Post-traumatic stress disorder.

Treatment Plan: The veteran agreed to attend individual outpatient psychotherapy using cognitive processing protocol. He continues to indicate that he is unavailable for attendance at post-deployment stress classes due to transportation issues. The next individual contact will follow up with veteran's use of therapeutic prescriptions instructed above as well as trauma history taking and motivational interviewing in preparation for time limited treatment.

D: 6/20/08 2:16P

T: 6/21/08 T16 #157144

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
06/26/2008 16:26

Analog Pager: 112

----- DCS - Discharge Summary (max 4 years) -----

No data available

----- CH - Chem & Hematology (max 4 years) -----

Collection DT	Specimen	Test Name	Result	Units	Ref Range
03/24/2008 10:19	SERUM	TOTAL PROTEIN (CX)	6.6 L	g/dL	6.7 - 8.2
"	"	ALBUMIN (CX)	4.2	g/dL	3.2 - 5.5
"	"	ALK PHS	66	IU/L	42 - 121
"	"	SGOT (CX)	17	IU/L	10 - 42
"	"	SGPT (CX)	13	IU/L	10 - 60
"	"	T.BILI	0.5	mg/dL	0.2 - 1.0
"	"	D.BILI	0.1	mg/dL	0.0 - 0.2
03/24/2008 10:19	SERUM	VALPROIC ACID	7.2 L	mcg/mL	50 - 100
03/09/2008 08:45	SERUM	DRUG/S	NEG		
Comment: Test performed @ PENNANT LAB SERVICES, 575 N RIVER ST, WILKES-BARRE PA					
03/09/2008 08:45	SERUM	ETHANOL	1.4	mg/dL	0 -
03/09/2008 08:45	SERUM	LIPASE (CX)	38	IU/L	7 - 58
03/09/2008 08:45	SERUM	CALCIUM (CX)	9.2	mg/dL	7.9 - 9.9
"	"	GLUCOSE	103 H	mg/dL	65 - 99
"	"	UREA-NITROGEN (CX)	5 E	mg/dL	6 - 20
"	"	CREATININE (CX)	0.8	mg/dL	0.5 - 1.2
"	"	SODIUM (CX)	135	mmol/L	135 - 145
"	"	POTASSIUM (CX)	4.1	mmol/L	3.6 - 5.0
"	"	CHLORIDE (CX)	103	mmol/L	101 - 111

M24

***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
pg. 48 *****
DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
(continued)

Interviewed veteran in detail for trauma history hierarchy. The veteran identified several memories of potential trauma as well as an associated nightmare. The memory that appears to be currently highest for frequency and severity of symptoms of re-experiencing he refers to as "Ybanna." The veteran was able to process memory for sensory, affect, physiological, negative cognition, SUD and focal picture. The veteran also processed a second memory of trauma in hierarchy that he refers to as "brains." Veteran was able to identify focal picture, sensory, affective, physiological, SUD and negative cognitions associated with this memory. The veteran also identifies an associated nightmare that he has been experiencing frequently since returning home from deployment associated with this last traumatic memory of similar theme. Processed nightmare with veteran for associated qualities, affective components and possible relationship to maladaptive cognitions. The veteran seemed receptive to trauma history processing and did not demonstrate significant disturbance during this portion of contact.

Discussed with veteran further need for preparation with likely use of final motivation interview next contact to strengthen veteran's engagement in this treatment. Veteran expressed understanding and agreement.

A: The veteran displayed mildly anxious mood with restricted affect. He denied and did not demonstrate symptoms consistent with current suicidal ideation, homicidal ideation, auditory or visual hallucination. His speech was logical, coherent and sequential. His insight seemed fair with good judgment.

Diagnosis: Post-traumatic stress disorder

Treatment Plan: The veteran agreed to continued individual outpatient psychotherapy in preparation for use of cognitive processing protocol. The next individual contact will follow-up on veteran's use of therapeutic prescriptions as well as final motivational interviewing in preparation for use of cognitive processing protocol.

D- 6/27/08 11:55
T- 6/28/08 12:07
T24
Job # 159083

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
07/03/2008 16:29

Analog Pager: 112

06/20/2008 08:49 Local Title: SCANNED TBI DOCUMENTS
Standard Title: SCANNED REPORT

Vista Imaging - Scanned Document

Signed by: /es/ ALICE M TOMSHAW
Secretay Rehb and Prosthetics
06/20/2008 08:49

06/19/2008 16:30 Local Title: PSYCHOLOGY GENERAL NOTE
Standard Title: PSYCHOLOGY NOTE

D: The veteran was scheduled for a 60-minute psychotherapy session on his service connected diagnosis of post-traumatic stress disorder. However, he arrived 30 minutes late. This session employed use of motivational interviewing and relaxation training interventions.

The veteran began by apologizing for cancelling recent appointments with writer due to circumstances with family and transportation. I discussed with veteran his future availability to continue with recommended cognitive processing therapy protocol. The veteran indicates that he

M25

***** CONFIDENTIAL Clinical Data (4y) SUMMARY pg. 47 *****
 LASKOWSKI, STANLEY P III [REDACTED] DOB: [REDACTED] 06/30/2009 09:41

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
 (continued)

A: The veteran displayed mildly anxious mood with restricted affect. He denied and did not demonstrate current symptoms consistent with suicidal ideation, homicidal ideation, auditory or visual hallucinations. His speech was logical, coherent and sequential. His insight and judgment seemed good.

Diagnosis: Post-traumatic stress disorder

Treatment Plan: The veteran agrees to attend follow-up appointments with writer using cognitive processing therapy on his post-traumatic stress disorder symptoms. The CPT protocol will begin with first session next contact.

Therapeutic Goal: Reduction in the frequency and severity of the veteran's reported symptom complaints.

D- 7/3/08 5:34
 T- 7/4/08 8:04
 T24
 Job # 160840

Signed by: /es/ MATTHEW DOOLEY
 STAFF PSYCHOLOGIST BEHAVIORAL SVCS
 07/10/2008 16:15

Analog Pager: 112

06/30/2008 15:54 Local Title: SCANNED TBI CERTIFICATION LETTER
 Standard Title: SCANNED NOTE

Vista Imaging - Scanned Document

Signed by: /es/ ALICE M TOMSHAW
 Secretay Rehb and Prosthetics
 06/30/2008 15:54

07/01/2008 14:18 Local Title: ADDENDUM
 Standard Title: ADDENDUM
 Ref: SCANNED TBI CERTIFICATION Dated: 06/30/2008 15:54

Vista Imaging Scanned Document - Addendum.
 cert letter return receipt 7/1/08

Signed by: /es/ ALICE M TOMSHAW
 Secretay Rehb and Prosthetics
 07/17/2008 14:19

06/26/2008 16:30 Local Title: PSYCHOLOGY GENERAL NOTE
 Standard Title: PSYCHOLOGY NOTE

D: The veteran attended a sixty minute psychotherapy session on his service-connected diagnosis of post-traumatic stress disorder employing diagnostic interviewing, coping skills training and ventilative procedures.

Followed up with veteran on his use of therapeutic prescriptions instructed to date to include: mindfulness, relaxation training and grounding exercises. Performed techniques with veteran. Veteran demonstrated modest proficiency in use of mindfulness, relaxation training techniques, greater proficiency in use of grounding. Supported veteran in continued use of these techniques for training purposes to strengthen their availability and usefulness in coping. Veteran expressed understanding and agreement with this recommendation.

Trauma History Taking:

M 26

***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
pg. 46 *****
DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
(continued)

Analog Pager: 255

/es/ JENNIFER E PIERCE, PA-C
Physician Assistant
07/10/2008 11:28

Analog Pager: 144
Digital Pager: 144

/es/ A C GERMAIN-TUDGAY
Supervisor, PMR/ASP
07/16/2008 08:09

Analog Pager: 231

/es/ Patricia L. Farrell, Psy.D.
Clinical Psychologist
07/15/2008 09:21

Analog Pager: 285

/es/ ERIK B PEARSON, MSPT
PHYSICAL THERAPIST
07/10/2008 12:50

/es/ MAURA E BANFORD
OCCUPATIONAL THERAPIST
07/10/2008 14:39

/es/ Colleen M. Kaskel, MSN, RN
Acting OIF/OEF Program Coordinator
07/14/2008 08:49

Analog Pager: 6-238

/es/ ALAN KURLANSKY, LCSW, BCD
SCI/D COORDINATOR / CLINICAL SOCIAL WORKER
07/10/2008 09:12

Analog Pager: 449
Digital Pager: 449

07/03/2008 16:30 Local Title: PSYCHOLOGY GENERAL NOTE
Standard Title: PSYCHOLOGY NOTE

D: The veteran attended a sixty minute psychotherapy session on his service-connected diagnosis of post-traumatic stress disorder employing relaxation training, mindfulness and motivational interviewing interventions.

Followed up with veteran on his use of therapeutic prescriptions instructed to date. He indicated that he has been using grounding on a regular basis to strengthen affective regulation primarily due to decreased frequency of re-experiencing symptoms. He indicated that he has used the mindfulness and relaxation training exercise intermittently. Reviewed exercises with veteran, supported veteran in increasing frequency of use of these exercises so that they can be habituated. Veteran expressed understanding and agreement.

Initiated formal motivational interview with veteran. The veteran proceeded through interview demonstrating increased insight and awareness into functional impairment caused by his post-traumatic stress disorder symptoms and its effect upon himself and others in multiple areas of functioning. The veteran commented that he found the exercise to be insight and motivation building and that he is looking forward to beginning the cognitive processing therapy protocol.

Advised veteran that CPT protocol will begin next contact. Veteran expressed understanding and agreement.

M27

***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
pg. 45 *****
DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
(continued)

OPT VENLAFAXINE EXTENDED RELEASE 75MG CAPS (DISCONTINUED BY
PROVIDER/30 Days Supply Last Released: 1/22/08)
TAKE ONE CAPSULE BY MOUTH DAILY WITH FOOD

Outpatient Medication Review

No change in current medication at this clinic visit. Patient
verbalizes understanding of current medication regimen.

Signed by: /es/ JUDITH E HOGG
Staff Neurologist
07/09/2008 19:02

Analog Pager: 255

07/09/2008 18:56 Local Title: MED NEUROLOGY NOTE
Standard Title: NEUROLOGY NOTE

The patient comes in to discuss his neuropsych testing results. The psychologist did not find that the patient had any evidence of cognitive dysfunction. See copy of results in Vista imaging. Results were discussed with the patient. The patient reports that he still has hearing difficulties, but audiology evaluation was essentially negative. The patient is able to hear the tuning fork in each ear (128 cps). Air conduction was better than bone conduction, and Weber was mid-line.

The patient was encouraged to keep his appointments for treatment of PTSD, and he agreed that he would. OK to discharge from TBI Clinic. Follow-up in Neurology as needed.

Signed by: /es/ JUDITH E HOGG
Staff Neurologist
07/09/2008 19:01

Analog Pager: 255

07/10/2008 09:03 Local Title: ADDENDUM
Standard Title: ADDENDUM
Ref: MED NEUROLOGY NOTE
Subject: TBI InterD

Dated: 07/09/2008 18:56

Plan:

1. D/C from TBI clinic - No evidence of TBI
2. F/U with Neuro prn
3. Continue f/u with MHC for PTSD
4. Continue f/u with PCP for other dx

Goal:

1,2,3,4 Medical & Pysch mgmt

Signed by: /es/ SANDRA DOMPKOSKY RN MSN
OIF/OEF RN Case Manager
07/10/2008 09:07

Analog Pager: 277

Receipt Acknowledged by:

/es/ Karen L. Berkheiser, RN BSN
OEF/OIF RN Case Manager
07/10/2008 13:53

/es/ JUDITH E HOGG
Staff Neurologist
07/10/2008 09:41

MZ8

***** CONFIDENTIAL Clinical Data (4y) SUMMARY pg. 44 06/30/2009 09:41 *****
 LASKOWSKI, STANLEY P III [REDACTED] DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
 (continued)

Remaining: 2

 Other medications previously dispensed in the last year:

OPT BUSPIRONE 5 MG TABLET (DISCONTINUED BY PROVIDER/30 Days
 Supply Last Released: 1/30/08)
 TAKE ONE TABLET BY MOUTH TWICE A DAY WITH MEALS

OPT CITALOPRAM 20MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply
 Last Released: 3/4/08)
 TAKE ONE-HALF TABLET BY MOUTH EVERY MORNING FOR 10 DAYS, THEN
 TAKE ONE
 TABLET EVERY MORNING AFTER MEAL

OPT DIVALPROEX ER 500MG TAB (DISCONTINUED BY PROVIDER/30 Days
 Supply Last Released: 3/17/08)
 TAKE ONE TABLET BY MOUTH AT BEDTIME FOR 3 DAYS, THEN TAKE TWO
 TABLET
 AT BEDTIME

OPT DULOXETINE 20MG CAP (DISCONTINUED BY PROVIDER/30 Days Supply
 Last Released: 3/10/08)
 TAKE ONE CAPSULE BY MOUTH EVERY OTHER DAY

OPT FLUOXETINE 20 MG CAP (DISCONTINUED BY PROVIDER/30 Days Supply
 Last Released: 2/25/08)
 TAKE ONE CAPSULE BY MOUTH TWICE A DAY WITH MEALS

OPT HYDROXYZINE PAMOATE 25MG CAP (DISCONTINUED BY PROVIDER/30 Days
 Supply Last Released: 3/20/08)
 TAKE ONE CAPSULE BY MOUTH TWICE A DAY AS NEEDED FOR ANXIETY,
 MAY TAKE
 1 OR 2 TABS

OPT METHYLPREDNISOLONE 4 MG TABLETS..DOSEPAK (EXPIRED/7 Days
 Supply Last Released: 2/15/08)
 TAKE TABLET(S) BY MOUTH AS DIRECTED ON DOSE PACK

OPT MIRTAZAPINE 15 MG TABLET (DISCONTINUED BY PROVIDER/30 Days
 Supply Last Released: 1/10/08)
 TAKE ONE AND ONE-HALF TABLETS BY MOUTH AT BEDTIME

OPT PAROXETINE 40 MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply
 Last Released: 1/30/08)
 TAKE ONE-HALF TABLET BY MOUTH EVERY DAY

OPT QUETIAPINE 100MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply
 Last Released: 1/10/08)
 TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME

OPT QUETIAPINE 200MG TAB (DISCONTINUED (EDIT)/30 Days Supply Last
 Released: 12/14/07)
 TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME

OPT RISPERIDONE 1 MG (EXPIRED/30 Days Supply Last Released:
 3/20/08)
 TAKE ONE-HALF TABLET BY MOUTH EVERY MORNING FOR MOOD
 STABILIZATION

OPT TRAMADOL 50MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply
 Last Released: 2/26/08)
 TAKE TWO TABLETS BY MOUTH THREE TIMES A DAY AS NEEDED AS
 NEEDED FOR
 PAIN

OPT TRAZODONE 50MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply
 Last Released: 1/30/08)
 TAKE ONE TABLET BY MOUTH AT BEDTIME MAY START AT 1/2 TAB

M29

***** CONFIDENTIAL Clinical Data (4y) SUMMARY pg. 43 06/30/2009 09:41
 LASKOWSKI, STANLEY P III [REDACTED] DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
 (continued)

Signed by: /es/ MATTHEW DOOLEY
 STAFF PSYCHOLOGIST BEHAVIORAL SVCS
 07/17/2008 16:38

Analog Pager: 112

07/09/2008 19:01 Local Title: PROVIDER MEDICATION RECONCILIATION NOTE
 Standard Title: E & M NOTE

PROVIDER Med Reconciliation:

07/09/2008 19:01
 ***** CONFIDENTIAL UAP SUMMARY pg. 1

 LASKOWSKI, STANLEY P III

----- BADR - Brief Adv React/All

Allergy/Reaction: TRAMADOL

----- AJEY UAP PHARMACY PROFILE

 Alphabetical list of all prescriptions, inpatient orders and
 Non-VA meds
 Legend: OPT = VA issued outpatient prescription, INP = VA issued
 inpatient order
 Non-VA Meds Last Documented On: ** Data not found **

OPT ACETAMINOPHEN 300MG WITH CODEINE 30MG
 TAKE 2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED
 Last Released: 7/8/08 Days
 Supply: 30 Rx Expiration Date: 12/6/08 Refills
 Remaining: 0

OPT CAPSAICIN 0.075% CREAM (GM)
 APPLY SMALL AMOUNT TOPICALLY TWICE A DAY AS NEEDED TO
 AFFECTED AREA
 Last Released: 6/5/08 Days
 Supply: 30 Rx Expiration Date: 6/6/09 Refills
 Remaining: 3

OPT HYDROXYZINE 10MG TABLET
 TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR ANXIETY
 Last Released: 4/7/08 Days
 Supply: 30 Rx Expiration Date: 3/25/09 Refills
 Remaining: 2

OPT MULTIVITAMIN TABLETS
 TAKE 1 TABLET BY MOUTH EVERY DAY
 Last Released: 6/20/08 Days
 Supply: 90 Rx Expiration Date: 6/6/09 Refills
 Remaining: 2

OPT RISPERIDONE 2 MG
 TAKE ONE-HALF TABLET BY MOUTH TWICE A DAY FOR MOOD
 STABILIZATION
 Last Released: 4/26/08 Days
 Supply: 30 Rx Expiration Date: 4/24/09 Refills

M30

***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
pg. 42 *****
DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
(continued)

Will discontinue order for Risperidone and Hydroxyzine as patient stopped taking them on his own. Advised patient to call the MH clinic to schedule appointment to discuss psychotropic medications that would be indicated for his symptoms which he agreed to do.

Signed by: /es/ ROBERT B WEBSTER
PSYCHIATRIST
07/11/2008 11:00

Analog Pager: 132/570-480-7259

07/10/2008 16:30 Local Title: PSYCHOLOGY GENERAL NOTE
Standard Title: PSYCHOLOGY NOTE

D: The veteran attended his first session of cognitive processing therapy for his service-connected diagnosis of post-traumatic stress disorder.

The veteran commented that his parole officer requires documentation of this treatment. Advised the veteran to have printed copy of this contact note provided to him by patient records by way of releasing information office. The veteran expressed understanding and agreement.

This treatment is a time limited intervention intended to spend approximately twelve one hour sessions provided weekly in an effort to aid veteran in his ongoing recovery from his post-traumatic symptom complaints.

An overview of post-traumatic stress disorder symptoms and a cognitive explanation of the development and maintenance of post-traumatic stress disorder was presented. A related rationale for treatment was provided including the use of cognitive restructuring to alleviate stuck points that prevent the patient from more fully emotionally processing the traumatic event. The patient provided a brief description of his most traumatic event.

The patient was given an assignment to write a one page impact statement describing the impact of his traumatic experiences on his thoughts and beliefs about himself, others & the world.

A: The veteran displayed mildly anxious mood with restricted affect. He appeared lethargic. The veteran cited disruption in his child's sleep pattern resulting in attention needed by veteran and his own resulting sleep deficit. He denied and did not demonstrate symptoms consistent with current suicidal ideation, auditory or visual hallucination. His speech was logical, coherent, and sequential. His insight and judgment appeared good.

DIAGNOSIS: Post-traumatic stress disorder.

TREATMENT PLAN: The veteran agrees to attend follow up appointments with writer using cognitive processing therapy protocol on his post-traumatic stress symptoms.

The next individual contact with veteran will follow up with his completion of written impact statement and beginning identification of stuck points, additional review of cognitive errors and post-traumatic stress disorder symptoms, information processing theory, treatment rationale. Discussion of basic emotions, combined emotions with physiological and cognitive correlates, misattributions and self talk, as well as introduction of A-B-C worksheets to instruct veteran on cognitive restructuring interventions.

THERAPEUTIC GOAL: Reduction in the frequency and/or severity of the veteran's reported symptom complaints.

D: 07/10/2008 5:34 PM
T: 07/11/2008 T28 162577

M31

***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
pg. 41 *****
DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
(continued)

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
08/21/2008 16:30

Analog Pager: 112

07/17/2008 16:30 Local Title: PSYCHOLOGY GENERAL NOTE
Standard Title: PSYCHOLOGY NOTE

D: The veteran attended a 60-minute CPT session on his service-connected diagnosis of post-traumatic stress disorder.

This was the second session of CPT for the veteran's post-traumatic stress disorder. The patient arrived having completed the practice related to writing an impact statement describing the impact of his traumatic experience on his thoughts and beliefs about himself, others, and the world. We discussed the assignment in session with an emphasis on identifying stuck points in his thinking that interfere with recovery. The relationships amongst thoughts, feelings, and behaviors were reviewed. An example from his discussion about the impact of his trauma on his life was used to illustrate the cognitive model. The patient agreed to complete A-B-C worksheets daily to monitor his thoughts, feelings, and behaviors until the next session.

A: The veteran displayed mildly anxious mood with broad affect. He denied and did not demonstrate symptoms consistent with current suicidal ideation, homicidal ideation, auditory or visual hallucination. His speech was logical, coherent and sequential. His insight and judgment appeared good.

DIAGNOSIS: Post-traumatic stress disorder.

TREATMENT PLAN: The veteran agrees to continue attending follow up appointments using cognitive processing therapy protocol.

The next individual contact with veteran will include a review of his completed worksheets for differentiating between thoughts and feelings, discussion of a completed worksheet related to the index event, introduction of the trauma account assignment.

THERAPEUTIC GOAL: Reduction in the frequency and/or severity of the veteran's reported symptom complaints.

D: 07/18/2008 11:49 AM
T: 07/18/2008 T28 164696

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
07/24/2008 16:23

Analog Pager: 112

07/11/2008 10:46 Local Title: TLCP PSYCHIATRY
Standard Title: TELEPHONE ENCOUNTER NOTE

Patient left a message with clerical staff requesting a return call from this writer about medications?

Spoke with patient by phone today at 1045. Patient expressed interest in trying Depakote for his "PTSD, migraine". Reminded patient that this writer recommended Divalproex ER, which is the same as Depakote, last March but patient at that time complained of side effects from Divalproex ER including headaches, cramping above the kidney and dark urine. He admitted to stopping Hydroxyzine and Risperidone a month ago due to drowsiness.

M32

***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
pg. 40 *****
DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
(continued)

Outpatient Medication Review
NO change in current medication at this clinic visit. Patient verbalizes understanding of current medication regimen.

Signed by: /es/ ALAN L BRYSKI, PA-C
Physician Assistant
07/28/2008 16:23

Analog Pager: 195

Receipt Acknowledged by: /es/ ARUNA BHATIA
ASST CHIEF BEHAVIORAL MEDICINE
07/28/2008 16:38

Analog Pager: 126/480-7263

/es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
08/04/2008 16:52

Analog Pager: 112

07/24/2008 16:30 Local Title: PSYCHOLOGY GENERAL NOTE
Standard Title: PSYCHOLOGY NOTE

D: The veteran attended a 60-minute CPT session on his service-connected diagnosis of post-traumatic stress disorder.

This was the third session of CPT for post-traumatic stress disorder. The veteran arrived having completed A-B-C worksheets daily identifying his thoughts, feelings, and behaviors. These worksheets were used to further illustrate the relationship among thoughts, feelings, and behaviors of daily events. Specifically, the veteran had produced worksheets on two traumatic memories mentioned in earlier notes. One of which is primary focus for this treatment protocol entitled "Ybanna." Some initial challenging of dysfunctional thoughts was introduced.

The session concluded with the assignment to write about the most traumatic event the patient has experienced and to include as many sensory and emotional details as possible, daily monitoring of thoughts, feelings, and behaviors will continue.

A: The veteran displayed mildly anxious mood with restricted affect. He denied and did not demonstrate symptoms consistent with current suicidal ideation, homicidal ideation, auditory or visual hallucination. His speech was logical, coherent, and sequential. His insight and judgment appeared good.

The veteran appears to demonstrate a proclivity for cognitive behavioral interventions and appears to have taken to cognitive restructuring exercises quite well.

DIAGNOSIS: Post-traumatic stress disorder.

TREATMENT PLAN: The veteran agrees to continue attending cognitive processing therapy on individual basis.

The next individual contact with veteran will have him read full trauma account aloud with affective expression, identification of stuck points, challenging of stuck points (i.e. self blame and other assimilations), explaining difference between responsibility and blame.

THERAPEUTIC GOAL: Reduction in the frequency and/or severity of the veteran's reported symptom complaints.

D: 07/24/2008 5:58 PM
T: 07/25/2008 T28 166572

M33

***** CONFIDENTIAL Clinical Data (4y) SUMMARY pg. 39 06/30/2009 09:41 *****
 LASKOWSKI, STANLEY P III [REDACTED] DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
 (continued)

TAKE ONE-HALF TABLET BY MOUTH EVERY MORNING FOR 10 DAYS, THEN
 TAKE ONE
 TABLET EVERY MORNING AFTER MEAL

OPT DIVALPROEX ER 500MG TAB (DISCONTINUED BY PROVIDER/30 Days
 Supply Last Released: 3/17/08)

TAKE ONE TABLET BY MOUTH AT BEDTIME FOR 3 DAYS, THEN TAKE TWO
 TABLET
 AT BEDTIME

OPT DULOXETINE 20MG CAP (DISCONTINUED BY PROVIDER/30 Days Supply
 Last Released: 3/10/08)

TAKE ONE CAPSULE BY MOUTH EVERY OTHER DAY

OPT FLUOXETINE 20 MG CAP (DISCONTINUED BY PROVIDER/30 Days Supply
 Last Released: 2/25/08)

TAKE ONE CAPSULE BY MOUTH TWICE A DAY WITH MEALS

OPT HYDROXYZINE 10MG TABLET (DISCONTINUED BY PROVIDER/30 Days
 Supply Last Released: 4/7/08)

TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR ANXIETY

OPT HYDROXYZINE PAMOATE 25MG CAP (DISCONTINUED BY PROVIDER/30 Days
 Supply Last Released: 3/20/08)

TAKE ONE CAPSULE BY MOUTH TWICE A DAY AS NEEDED FOR ANXIETY,
 MAY TAKE
 1 OR 2 TABS

OPT MIRTAZAPINE 15 MG TABLET (DISCONTINUED BY PROVIDER/30 Days
 Supply Last Released: 1/10/08)

TAKE ONE AND ONE-HALF TABLETS BY MOUTH AT BEDTIME

OPT PAROXETINE 40 MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply
 Last Released: 1/30/08)

TAKE ONE-HALF TABLET BY MOUTH EVERY DAY

OPT QUETIAPINE 100MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply
 Last Released: 1/10/08)

TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME

OPT QUETIAPINE 200MG TAB (DISCONTINUED (EDIT)/30 Days Supply Last
 Released: 12/14/07)

TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME

OPT RISPERIDONE 1 MG (EXPIRED/30 Days Supply Last Released:
 3/20/08)

TAKE ONE-HALF TABLET BY MOUTH EVERY MORNING FOR MOOD
 STABILIZATION

OPT RISPERIDONE 2 MG (DISCONTINUED BY PROVIDER/30 Days Supply Last
 Released: 4/26/08)

TAKE ONE-HALF TABLET BY MOUTH TWICE A DAY FOR MOOD
 STABILIZATION

OPT TRAMADOL 50MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply
 Last Released: 2/26/08)

TAKE TWO TABLETS BY MOUTH THREE TIMES A DAY AS NEEDED AS
 NEEDED FOR
 PAIN

OPT TRAZODONE 50MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply
 Last Released: 1/30/08)

TAKE ONE TABLET BY MOUTH AT BEDTIME MAY START AT 1/2 TAB

OPT VENLAFAXINE EXTENDED RELEASE 75MG CAPS (DISCONTINUED BY
 PROVIDER/30 Days Supply Last Released: 1/22/08)

TAKE ONE CAPSULE BY MOUTH DAILY WITH FOOD

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***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
pg. 38 *****
DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
(continued)

might help.

9

** FUTURE APPOINTMENTS **

DATE/TIME	CLINIC (LOCATION)
JUL 29, 2008@13:00	PATEL I NURSE PRE APT (1ST FLR NORTH GREEN AREA)
JUL 29, 2008@13:20	PATEL I PRICARE INORTH (1ST FLR NORTH GREEN AREA)
AUG 14, 2008@16:30	PSYCH DOOLEY II (1ST FLR MHC SILVER AREA)
AUG 21, 2008@16:30	PSYCH DOOLEY II (1ST FLR MHC SILVER AREA)
AUG 26, 2008@17:00	PSYCH DOOLEY II (1ST FLR MHC SILVER AREA)
SEP 4, 2008@16:30	PSYCH DOOLEY II (1ST FLR MHC SILVER AREA)
SEP 11, 2008@16:30	PSYCH DOOLEY II (1ST FLR MHC SILVER AREA)

Call as necessary and return to clinic prn.
PROVIDER Med Reconciliation:

07/28/2008 16:21
***** CONFIDENTIAL UAP SUMMARY pg. 1

LASKOWSKI, STANLEY P III

----- BADR - Brief Adv React/All

Allergy/Reaction: TRAMADOL

----- AJEY UAP PHARMACY PROFILE

Alphabetical list of all prescriptions, inpatient orders and
Non-VA meds
Legend: OPT = VA issued outpatient prescription, INP = VA issued
inpatient order
Non-VA Meds Last Documented On: ** Data not found **

OPT ACETAMINOPHEN 300MG WITH CODEINE 30MG
TAKE 2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED
Last Released: 7/8/08 Days
Supply: 30 Rx Expiration Date: 12/6/08 Refills
Remaining: 0

OPT CAPSAICIN 0.075% CREAM (GM)
APPLY SMALL AMOUNT TOPICALLY TWICE A DAY AS NEEDED TO
AFFECTED AREA
Last Released: 6/5/08 Days
Supply: 30 Rx Expiration Date: 6/6/09 Refills
Remaining: 3

OPT MULTIVITAMIN TABLETS
TAKE 1 TABLET BY MOUTH EVERY DAY
Last Released: 6/20/08 Days
Supply: 90 Rx Expiration Date: 6/6/09 Refills
Remaining: 2

Other medications previously dispensed in the last year:

OPT BUSPIRONE 5 MG TABLET (DISCONTINUED BY PROVIDER/30 Days
Supply Last Released: 1/30/08)
TAKE ONE TABLET BY MOUTH TWICE A DAY WITH MEALS

OPT CITALOPRAM 20MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply
Last Released: 3/4/08)

M 3 5

***** CONFIDENTIAL Clinical Data (4y) SUMMARY pg. 37 *****
 LASKOWSKI, STANLEY P III [REDACTED] DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
 (continued)

neurologist outside possible migraine, pt was prescribed fioricet by outside physician Dr. Harasym, requesting from here, will refer to neurology for further advise and care.

Signed by: /es/ INDUBHAI M PATEL, MD
 STAFF PHYSICIAN, PRIMARY CARE
 07/30/2008 15:10

Analog Pager: 272

07/28/2008 16:11 Local Title: PSYCHIATRY GENERAL NOTE
 Standard Title: PSYCHIATRY NOTE

Chief Complaint: "I'll see, smell, or hear something and go into a heightened sense for 3-4 hours"...feeling as if he's back in Iraq.

Subjective: 30 y/o cooperative, pleasant white male presents with the above problem as well as difficulty sleeping. He has been tried on multiple medications without resolution. His sleep is disturbed approximately 3 times per week, then sleeps the next day. This affects his ability to watch his 3 children, ages 1, 3, and 6. He has had side effects from all medications that were prescribed to help his insomnia, and is requesting Ambien since he believes this is the only medication that has been effective in the past without side effects. On reviewing his history, the patient has abused mixed illicit substances in the past. He is currently not suicidal or homicidal, and has a good relationship with Dr. Dooley, who is following him for PTSD.

Vital Signs:
 TEMPERATURE: 99.3 F [37.4 C] (04/29/2008 10:41)
 PULSE: 77 (07/09/2008 10:46)
 RESPIRATION: 18 (07/09/2008 10:46)
 BLOOD PRESSURE: 116/73 (07/09/2008 10:46)
 PAIN: 0 (07/09/2008 10:46)

Mental Status: Alert and oriented x3. In good contact. Spontaneous, relevant and coherent. Mood neutral. Affect appropriate speech content. Eating well. No psychomotor retardation. Denied suicidal and homicidal ideation. No hallucinations delusions or loosening of association noted. Memory including recent, remote, immediate recall and judgement are not clinically impaired. Insight and motivation fair.

MEDICATION REVIEW: Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) ACETAMINOPHEN 300MG WITH CODEINE 30MG TAKE 2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED	ACTIVE
2) CAPSAICIN 0.075% CREAM (GM) APPLY SMALL AMOUNT TOPICALLY TWICE A DAY AS NEEDED TO AFFECTED AREA	ACTIVE
3) MULTIVITAMIN TABLETS TAKE 1 TABLET BY MOUTH EVERY DAY	ACTIVE

Allergies:
 TRAMADOL

Assessment:
 PTSD

No Service Connected problems treated

Plan: Continue current regimen.
 Consulted with Dr. Bhatia: Ambien not on formulary and with patient's history of substance abuse he was offered Trazadone, Atarax, and Benadryl. Pt refuses based on failed past trials. He also refused several other sedative suggestions, such as Seroquel and Remeron. I will consult with Dr. Dooley in the near future for his input and call patient if an appropriate medication

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***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
pg. 36 *****
DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
(continued)

08/04/2008 14:49 Local Title: TLCP PSYCHIATRY
Standard Title: TELEPHONE ENCOUNTER NOTE

I spoke to Dr. Dooley today concerning this patients' request for Ambien. We discussed the patient's history of substance abuse and the fact that he remains on Tylenol #3 prn. He is suffering from PTSD with occasional nightmares. I then spoke to the patient and again discussed the need for Ambien. He stated that it has been the only medication that he has taken that doesn't leave him with a groggy feeling the next day. We discussed this class of medication and how they can lead to tolerance if taken regularly. He agreed to take the medication only as needed and was satisfied with obtaining 14 tablets to last him for a month. Will reevaluate him at the next clinic appointment.

Signed by: /es/ ALAN L BRYSKI, PA-C
Physician Assistant
08/04/2008 14:55

Analog Pager: 195

08/01/2008 10:32 Local Title: TLCP OIF/OEF
Standard Title: OEF/OIF TELEPHONE ENCOUNTER NOTE

Data: Spoke with veteran regarding NoShow for Patel PCP. Vet apologized for missing appt but stated he spoke with Dr. Patel via phone and vet's needs were met then; therefore, vet did not need appt. Vet was reminded of my role as OEF/OIF Case Manager and informed to contact me if he needs assistance. Vet appreciative of call.

Signed by: /es/ SANDRA DOMPKOSKY RN MSN
OIF/OEF RN Case Manager
08/01/2008 10:36

Analog Pager: 277

Receipt Acknowledged by: /es/ Karen L. Berkheiser, RN BSN
OEF/OIF RN Case Manager
08/04/2008 10:51

07/30/2008 16:09 Local Title: AOPC TLCP MEDICINE
Standard Title: PRIMARY CARE TELEPHONE ENCOUNTER NOTE

Spoke to patient briefly on the phone. I told him that I didn't have a chance to talk with Dr. Dooley about his medication request to aid sleep, since he is on vacation. During his appointment, Mr. Laskowski and I had discussed several alternatives to Ambien, since it is a benzodiazepine and he has a history of substance abuse. His sleep disturbance is long standing and I did not get the sense at his appointment on Monday that it was significantly changed over the past few months.

Signed by: /es/ ALAN L BRYSKI, PA-C
Physician Assistant
07/30/2008 16:16

Analog Pager: 195

Receipt Acknowledged by: /es/ ARUNA BHATIA
ASST CHIEF BEHAVIORAL MEDICINE
07/30/2008 16:36

Analog Pager: 126/480-7263

07/30/2008 15:03 Local Title: TLCP MEDICINE
Standard Title: TELEPHONE ENCOUNTER NOTE

discuss with pt pt reported to me that he was seen by outside physician Dr. Harasym 842-0945, pt reported to me that he is having headache also seen by

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***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
pg. 35 *****
DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
(continued)

MAY BE RELATED TO HEAD INJURY.

2. HEADACHES ARE PRESENT ON AN EVERYDAY BASIS AND HAVE BEEN RESISTANT TO OTHER DRUGS.

3. ALTHOUGH THE PATIENT HAS A HISTORY OF POLYSUBSTANCE ABUSE, IT AGAIN IS NOT CONCLUSIVE WHETHER HIS USE OF MEDICATIONS IS RELATED TO ABUSE OR IF IT IS HEADACHES; HOWEVER, HE IS COMPLAINING OF CHRONIC DAILY HEADACHES.

4. MRI HAS BEEN REPORTED NORMAL.

RECOMMENDATIONS:

1. I asked him to urgently start phenytoin because he is at high risk of seizures.

2. He was prescribed 300 mg of Dilantin, which he will start today. He will be getting 100-mg capsules, and he can take 3 at a time daily. A drug level is ordered for August 21, 2008. He is also followed by private physicians outside the VA including Dr. Harrison and Dr. Daduk, who is his family physician, as well as a neurologist. He will be seeing Dr. Daduk today.

3. To avoid duplication of care, I told him that we would provide him the medications prescribed by his private physicians, if they are appropriate. He will follow up with me in 3-4 months unless there is a problem, and then he can be seen earlier.

IAK/OSi/227200/1/08/08/2008 10:12:02/rc/D:08/05/2008
10:04:55/T:08/05/2008
13:04:04/VAJob#:2910091/IChartJob#32024060/25460639

Signed by: /es/ IOBAL A KHAN
STAFF PHYSICIAN (NEUROLOGY) MEDICAL SERVICE
08/08/2008 12:15

Analog Pager: 721

08/05/2008 09:24 Local Title: NSG CLINIC NOTE
Standard Title: NURSING OUTPATIENT NOTE

HEIGHT: 68 in [172.7 cm] (04/29/2008 10:41)
WEIGHT: 186 lb [84.5 kg] (04/29/2008 10:41)
BMI: BODY MASS INDEX - APR 29, 2008@10:41:56 28.3
BP: 116/73 (07/09/2008 10:46)
T: 99.3 F [37.4 C] (04/29/2008 10:41)
P: 77 (07/09/2008 10:46)
R: 18 (07/09/2008 10:46)
PAIN: 0 (07/09/2008 10:46)

MEDICATION ALLERGY: TRAMADOL
Pt states he has an allergy to:

DATA: Chief Complaint: THIS IS A NEW PT. FOR EVALUATION. STATES HE HAD 3 SEIZURES IN THE LAST 3 MONTHS. THE LAST SEIZURE WAS 7-4-08, HAS HAD HEADACHE SINCE THE SEIZURE ON THAT DAY.

ASSESSMENT:

PLAN: SEE DR.

Was education provided to the patient? No

Signed by: /es/ DONNA M POPROC
08/05/2008 09:26

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***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
pg. 34 *****
DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
(continued)

13:04:04/VAJob#:2910091/IChartJob#32024060/25460639

Signed by: /es/ IOBAL A KHAN
STAFF PHYSICIAN (NEUROLOGY) MEDICAL SERVICE
08/07/2008 09:03

Analog Pager: 721

08/05/2008 09:53 Local Title: MED NEUROLOGY NOTE
Standard Title: NEUROLOGY NOTE

CONSULT/PROCEDURE NUMBER: 896628

CHIEF COMPLAINT: Headaches and seizures.

HISTORY OF PRESENT ILLNESS: This is a 30-year-old Iraq War veteran who had a concussion in 2003, when he got under friendly fire. He was unconscious for about 30 seconds. He has developed headaches since then. They are intractable daily headaches involving the whole head and associated with photophobia.

He has tried various medications in the past without much improvement. Currently, he is taking Fiorinal with codeine prescribed by a non-VA physician, Dr. Harrison, and this is the only drug that helps him on a p.r.n. basis. He has tried various other drugs including Fioricet, plain Fiorinal, Tylenol and other over-the-counter drugs including Motrin without any relief.

Another problem he has is recent-onset seizures. In February, May and July of this year, he had 3 generalized tonic-clonic seizures with tongue biting on 2 occasions. He has ascribed these seizures to his taking tramadol and Prozac, because every time he had a seizure he was at least on tramadol. On one occasion, he was on tramadol as well as on Prozac.

He has no family history of epilepsy, but has a family history of common migraines.

The veteran had an EEG, which was unremarkable and reviewed by Dr. Feerick. He had an MRI of the brain, he says, in April of this year, which was reported by him as unremarkable. We have that MRI report here available in the chart, which shows no evidence of any acute intracranial abnormality. This was done on April 29, 2008.

The veteran has some other medical problems including PTSD, hip pain, tobacco use disorder and polysubstance abuse. Current medications include butalbital, zolpidem, acetaminophen and multivitamins. Recent labs are unremarkable, showing a normal white count and platelet count as well as normal liver function tests, BUN and creatinine. The veteran has not taken Dilantin for the last few weeks because he ran out of it. He was prescribed Phenytek, which is one single 300-mg capsule. There is no Dilantin level in our records here.

PHYSICAL EXAMINATION: He is alert, awake and oriented. Pupils are symmetric. He is physically appearing intact. He came late for the appointment, so detailed physical examination is deferred, but he has no complaints of any physical impairment, as such, other than headaches.

IMPRESSION:

1. NEW-ONSET SEIZURES, BY DEFINITION. HE HAS EPILEPSY. IT IS POSSIBLE THAT TRAMADOL AND PROZAC MAY BE RESPONSIBLE FOR HIS SEIZURES, AS THESE DRUGS ARE KNOWN TO REDUCE SEIZURE THRESHOLD; HOWEVER, THIS IS NOT CONCLUSIVE. WITH THE PATIENT BEING INVOLVED IN A CONCUSSION AS A SOLDIER, IT IS POSSIBLE THAT HIS SEIZURES

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***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
pg. 33 *****
DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
(continued)

relief.

Another problem he has is recent-onset seizures. In February, May and July of this year, he had 3 generalized tonic-clonic seizures with tongue biting on 2 occasions. He has ascribed these seizures to his taking tramadol and Prozac, because every time he had a seizure he was at least on tramadol. On one occasion, he was on tramadol as well as on Prozac.

He has no family history of epilepsy, but has a family history of common migraines.

The veteran had an EEG, which was unremarkable and reviewed by Dr. Feerick. He had an MRI of the brain, he says, in April of this year, which was reported by him as unremarkable. We have that MRI report here available in the chart, which shows no evidence of any acute intracranial abnormality. This was done on April 29, 2008.

The veteran has some other medical problems including PTSD, hip pain, tobacco use disorder and polysubstance abuse. Current medications include butalbitol, zolpidem, acetaminophen and multivitamins. Recent labs are unremarkable, showing a normal white count and platelet count as well as normal liver function tests, BUN and creatinine. The veteran has not taken Dilantin for the last few weeks because he ran out of it. He was prescribed Phenytek, which is one single 300-mg capsule. There is no Dilantin level in our records here.

PHYSICAL EXAMINATION: He is alert, awake and oriented. Pupils are symmetric. He is physically appearing intact. He came late for the appointment, so detailed physical examination is deferred, but he has no complaints of any physical impairment, as such, other than headaches.

IMPRESSION:

1. NEW-ONSET SEIZURES, BY DEFINITION. HE HAS EPILEPSY. IT IS POSSIBLE THAT TRAMADOL AND PROZAC MAY BE RESPONSIBLE FOR HIS SEIZURES, AS THESE DRUGS ARE KNOWN TO REDUCE SEIZURE THRESHOLD; HOWEVER, THIS IS NOT CONCLUSIVE. WITH THE PATIENT BEING INVOLVED IN A CONCUSSION AS A SOLDIER, IT IS POSSIBLE THAT HIS SEIZURES MAY BE RELATED TO HEAD INJURY.
2. HEADACHES ARE PRESENT ON AN EVERYDAY BASIS AND HAVE BEEN RESISTANT TO OTHER DRUGS.
3. ALTHOUGH THE PATIENT HAS A HISTORY OF POLYSUBSTANCE ABUSE, IT AGAIN IS NOT CONCLUSIVE WHETHER HIS USE OF MEDICATIONS IS RELATED TO ABUSE OR IF IT IS HEADACHES; HOWEVER, HE IS COMPLAINING OF CHRONIC DAILY HEADACHES.
4. MRI HAS BEEN REPORTED NORMAL.

RECOMMENDATIONS:

1. I asked him to urgently start phenytoin because he is at high risk of seizures.
2. He was prescribed 300 mg of Dilantin, which he will start today. He will be getting 100-mg capsules, and he can take 3 at a time daily. A drug level is ordered for August 21, 2008. He is also followed by private physicians outside the VA including Dr. Harrison and Dr. Dhaduk, who is his family physician, as well as a neurologist. He will be seeing Dr. Daduk today.
3. To avoid duplication of care, I told him that we would provide him the medications prescribed by his private physicians, if they are appropriate. He will follow up with me in 3-4 months unless there is a problem, and then he can be seen earlier.

IAK/OSi/227200/0/08/05/2008 13:04:04/gz/D:08/05/2008
10:04:55/T:08/05/2008

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***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
pg. 32 *****
DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
(continued)

D: 8/21/08 5:31P
T: 8/24/08 T16 #174543

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
08/26/2008 17:00

Analog Pager: 112

08/14/2008 11:23 Local Title: TLCP PSYCHOLOGY
Standard Title: TELEPHONE ENCOUNTER NOTE

phoned veteran to f/u on today's cx by pt appt with writer. Left message on machine.

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
08/14/2008 11:24

Analog Pager: 112

08/05/2008 10:35 Local Title: CONSULTATION REPORT
Standard Title: CONSULT

SERVICE CONNECTED % - 100
TINNITUS 10% SC
BURSITIS 10% SC
BURSITIS 10% SC
LIMITED EXTENSION OF FOREARM 20% SC
MALUNION OF ANKLE 0% SC
SINUSITIS, FRONTAL, CHRONIC 10% SC
POST-TRAUMATIC STRESS DISORDER 100% SC
PERIOD OF SERVICE - PERSIAN GULF WAR

please clarify fiorinal with codiene or fioricet with codiene, Either will be approved and also discontinue apap with codiene and inform pt not to use apap with codiene or fiorinal or fioricet with codeine together Please enter prescription of which agent you want , ie fiorinal with codeine or fioricet with codien, thnaks.

Signed by: /es/ JOSEPH M CENCETTI
PHARM.D.
08/05/2008 10:38

Analog Pager: 424

08/05/2008 09:53 Local Title: MED NEUROLOGY NOTE
Standard Title: NEUROLOGY NOTE

CONSULT/PROCEDURE NUMBER:

CHIEF COMPLAINT: Headaches and seizures.

HISTORY OF PRESENT ILLNESS: This is a 30-year-old Iraq War veteran who had a concussion in 2003, when he got under friendly fire. He was unconscious for about 30 seconds. He has developed headaches since then. They are intractable daily headaches involving the whole head and associated with photophobia.

He has tried various medications in the past without much improvement. Currently, he is taking Fiorinal with codeine prescribed by a non-VA physician, Dr. Harrison, and this is the only drug that helps him on a p.r.n. basis. He has tried various other drugs including Fioricet, plain Fiorinal, Tylenol and other over-the-counter drugs including Motrin without any

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***** CONFIDENTIAL Clinical Data (4y) SUMMARY pg. 31 *****
 LASKOWSKI, STANLEY P III [REDACTED] DOB: [REDACTED] 06/30/2009 09:41

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
 (continued)

TREATMENT PLAN: The veteran agreed to continued attendance at cognitive processing therapy on an individual basis.

The next individual contact with the veteran will include a review of challenging questions worksheets completed by the veteran, continuing of cognitive therapy on stuck points, introduction to patterns of problematic thinking worksheet.

THERAPEUTIC GOAL: A reduction in the frequency and/or severity of the veterans' reported symptom complaints.

D-08/26/08 18:07
 T-08/28/08 11:13
 TA31 175776

Signed by: /es/ MATTHEW DOOLEY
 STAFF PSYCHOLOGIST BEHAVIORAL SVCS
 09/04/2008 16:30

Analog Pager: 112

08/21/2008 16:30 Local Title: PSYCHOLOGY GENERAL NOTE
 Standard Title: PSYCHOLOGY NOTE

D: The veteran attended a 60-minute CPT session on his service-connected diagnosis of post-traumatic stress disorder.

This was the fourth session of the CPT protocol. The veteran arrived having completed his practice assignments relating to writing a detailed account of his most traumatic event and daily monitoring of thoughts, feelings, and behaviors. The patient demonstrated mild distress in this session when discussing his thoughts and feelings about the traumatic event, but seemed able to tolerate these emotions. The goal of this intervention is to increase his access to and expression of these feelings and to allow the natural resolution of them. The therapist used cognitive therapy strategies to challenge the patient's apparent dysfunctional interpretations about the event.

The session concluded with practice to write again about the most traumatic event the patient has experienced and to further elaborate on the sensory and emotional details. He agreed to include his thoughts and feelings while writing the account and to read the account daily.

A: The veteran displayed mildly anxious mood with restricted affect. His degree of affective expression seemed mild to moderate. However, he was describing feelings of guilt with associated physiological correlates. He did not demonstrate symptoms of agitation upon exit from session. He denied and did not demonstrate symptoms consistent with current suicidal ideation, homicidal ideation, auditory or visual hallucination. His speech was logical, coherent, and sequential. His insight and judgment appeared good.

Diagnosis: Post-traumatic stress disorder.

Treatment Plan: The veteran agrees to continued attendance at cognitive processing therapy on an individual basis.

The next individual contact with veteran will have the veteran reading his second trauma account aloud, helping him to identify differences between the first and second accounts, engaging veteran in challenging assumptions and conclusions that he has made after processing affect with particular focus on self blame, introduction of challenging questions worksheets.

Therapeutic Goal: Reduction in the frequency and/or severity of the veteran's reported symptom complaints.

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***** CONFIDENTIAL Clinical Data (4y) SUMMARY pg. 30 06/30/2009 09:41 *****
 LASKOWSKI, STANLEY P III DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
 (continued)

During processing of homework, veteran admitted that he had not been re-reading last written account of index event. He does report continued mild disturbance during the reading. Reminded veteran of need to habituate and Recommended veteran continue re-reading event, aloud if possible until next contact for further assessment. Veteran expressed understanding and agreement with this recommendation.

A: The veteran displayed mildly anxious mood with restricted affect. He denied and did not demonstrate symptoms consistent with current suicidal ideation, homicidal ideation, auditory or visual hallucinations. His speech was logical, coherent, and sequential. His insight and judgment appeared good.

DIAGNOSIS: Post-traumatic stress disorder.

TREATMENT PLAN: The veteran agreed to continued attendance at cognitive processing therapy on an individual basis.

The next individual contact with the veteran will include a review of veteran's completed patterns of problematic thinking worksheets on stuck points, introduction of challenging beliefs worksheets with a trauma example, introduction of the first of five problem areas (safety) related to self and others.

THERAPEUTIC GOAL: Reduction in the frequency and/or severity of the veteran's reported symptom complaints.

D: 9/4/2008 5:33 PM
 T: 9/6/2008 TA22 #178441

Signed by: /es/ MATTHEW DOOLEY
 STAFF PSYCHOLOGIST BEHAVIORAL SVCS
 09/18/2008 16:28

Analog Pager: 112

08/26/2008 17:00 Local Title: PSYCHOLOGY GENERAL NOTE
 Standard Title: PSYCHOLOGY NOTE

D: The veteran attended a 50-minute CPT session on his service-connected diagnosis of post-traumatic stress disorder. This was the fifth session of CPT for PTSD.

The veteran arrived, having completed his practice assignment related to rewriting his traumatic event including further elaboration and inclusion of his current thoughts and feelings. He appeared able to experience the associated affect and the stresses related to them seemed decreased since the last session. He also commented on improved ability to complete the assignment, suggestive of decreased agitation during completion of exercise. Cognitions about self-blame and guilt was specifically targeted for cognitive restructuring. In addition, the challenging questions were introduced to the patient to aid his own challenge of dysfunctional and erroneous beliefs. The notion of stuck points was reviewed and the patient agreed to identify one stuck point each day to challenge with the aid of the challenging questions work-sheets. He also agreed to re-read the last written account of index event on a daily basis until the next contact.

A: The veteran displayed moderately anxious mood with restricted affect. He demonstrated mild agitation during reading of second account. He appeared able to self-soothe and exited session without observed agitation. He denied and did not demonstrate symptoms consistent with current suicidal ideation, homicidal ideation, and auditory or visual hallucination. His speech was logical, coherent, and sequential. His insight and judgment appeared good.

DIAGNOSIS: Post-traumatic stress disorder.

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***** CONFIDENTIAL Clinical Data (4y) SUMMARY pg. 29 06/30/2009 09:41
 LASKOWSKI, STANLEY P III DOB: *****

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
 (continued)

OPT QUETIAPINE 100MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply
 Last Released: 1/10/08)
 TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME

OPT QUETIAPINE 200MG TAB (DISCONTINUED (EDIT)/30 Days Supply Last
 Released: 12/14/07)
 TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME

OPT RISPERIDONE 2 MG (DISCONTINUED BY PROVIDER/30 Days Supply Last
 Released: 4/26/08)
 TAKE ONE-HALF TABLET BY MOUTH TWICE A DAY FOR MOOD
 STABILIZATION

OPT TRAMADOL 50MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply
 Last Released: 2/26/08)
 TAKE TWO TABLETS BY MOUTH THREE TIMES A DAY AS NEEDED AS
 NEEDED FOR
 PAIN

OPT VENLAFAXINE EXTENDED RELEASE 75MG CAPS (DISCONTINUED BY
 PROVIDER/30 Days Supply Last Released: 1/22/08)
 TAKE ONE CAPSULE BY MOUTH DAILY WITH FOOD

OPT ZOLPIDEM 10 MG TAB (EXPIRED/30 Days Supply Last Released:
 8/4/08)
 TAKE ONE TABLET BY MOUTH AT BEDTIME AS NEEDED

Outpatient Medication Review

A new medication is to be added after review of current medication
 profile at this clinic visit. See plan of care above. Patient
 verbalizes understanding of use of new medication(s).

Comment: Tylenol #3

Outpatient medications with doses or frequency changes. See Plan of
 Care above. Patient verbalizes understanding of medication dose
 or frequency changes.

A medication is to be discontinued during medication profile review
 at this clinic visit. See Plan of Care above. Patient verbalizes
 understanding of discontinuation of medication(s).

Comment: Fiorinol

Signed by: /es/ IOBAL A KHAN
 STAFF PHYSICIAN (NEUROLOGY) MEDICAL SERVICE
 09/08/2008 14:05

Analog Pager: 721

09/04/2008 16:30 Local Title: PSYCHOLOGY GENERAL NOTE
 Standard Title: PSYCHOLOGY NOTE

D: The veteran attended a 50-minute CPT session on his service-connected
 diagnosis of post-traumatic stress disorder. This was the sixth session
 of CPT.

The veteran arrived having completed his practice assignments related to
 challenging stuck points daily with aid of the challenging questions
 worksheet. Stuck points related to self-blame and hindsight bias were
 particularly targeted. Patterns of problematic thinking contributing to
 stuck point development continue to be targeted for restructuring. The patient
 appears to have developed a greater ability to challenge his dysfunctional and
 erroneous beliefs associated with his stuck points. Patterns of problematic
 thinking, for example minimization, exaggeration, and all or none
 thinking were introduced and examples from the patient's thinking about
 his traumatic event and life in general were used to illustrate these
 patterns. He agreed to identify examples of each problematic thinking
 pattern from his stuck points before the next session as well as
 continued re-reading of the last written account of the index event.

M44

***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
pg. 28 *****
DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
(continued)

Supply: 90 Rx Expiration Date: 6/6/09 Refills
Remaining: 2

OPT PHENYTOIN 100MG (DILANTIN) CAP
TAKE THREE CAPSULES BY MOUTH EVERY DAY
Last Released: 8/5/08

Days

Supply: 90 Rx Expiration Date: 8/6/09
Remaining: 3

Refills

Other medications previously dispensed in the last year:

OPT ACETAMINOPHEN 300MG WITH CODEINE 30MG (DISCONTINUED BY
PROVIDER/30 Days Supply Last Released: 7/8/08)
TAKE 2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED

OPT BUSPIRONE 5 MG TABLET (DISCONTINUED BY PROVIDER/30 Days
Supply Last Released: 1/30/08)
TAKE ONE TABLET BY MOUTH TWICE A DAY WITH MEALS

OPT BUTALBITAL CPD & APAP TAB (DISCONTINUED/10 Days Supply Last
Released: 7/31/08)
TAKE 1 TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN AND
HEADACHE

OPT CITALOPRAM 20MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply
Last Released: 3/4/08)
TAKE ONE-HALF TABLET BY MOUTH EVERY MORNING FOR 10 DAYS, THEN
TAKE ONE
TABLET EVERY MORNING AFTER MEAL

OPT DIVALPROEX ER 500MG TAB (DISCONTINUED BY PROVIDER/30 Days
Supply Last Released: 3/17/08)
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR 3 DAYS, THEN TAKE TWO
TABLET
AT BEDTIME

OPT DULOXETINE 20MG CAP (DISCONTINUED BY PROVIDER/30 Days Supply
Last Released: 3/10/08)
TAKE ONE CAPSULE BY MOUTH EVERY OTHER DAY

OPT FIORINAL # 3 (30MG CODEINE) (DISCONTINUED BY PROVIDER/30 Days
Supply Last Released: 8/11/08)
TAKE 1 CAPSULE BY MOUTH FOUR TIMES A DAY AS NEEDED

OPT FLUOXETINE 20 MG CAP (DISCONTINUED BY PROVIDER/30 Days Supply
Last Released: 2/25/08)
TAKE ONE CAPSULE BY MOUTH TWICE A DAY WITH MEALS

OPT HYDROXYZINE 10MG TABLET (DISCONTINUED BY PROVIDER/30 Days
Supply Last Released: 4/7/08)
TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR ANXIETY

OPT HYDROXYZINE PAMOATE 25MG CAP (DISCONTINUED BY PROVIDER/30 Days
Supply Last Released: 3/20/08)
TAKE ONE CAPSULE BY MOUTH TWICE A DAY AS NEEDED FOR ANXIETY,
MAY TAKE
1 OR 2 TABS

OPT MIRTAZAPINE 15 MG TABLET (DISCONTINUED BY PROVIDER/30 Days
Supply Last Released: 1/10/08)
TAKE ONE AND ONE-HALF TABLETS BY MOUTH AT BEDTIME

OPT PAROXETINE 40 MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply
Last Released: 1/30/08)
TAKE ONE-HALF TABLET BY MOUTH EVERY DAY

M45

***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
pg. 27 *****
DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
(continued)

I am also not sure if his seizures were really secondary to his medications and he may have unprovoked seizures as well.

At this time I have advised him to restart gabapentin for seizure prophylaxis but he chooses not to at this time. However, he has been given an option that once he decides to start the drug give me a call and I will order it from pharmacy.

For his hip pain I have ordered Tylenol #3 one tablet q. 8 hours p.r.n.

Fiorinol is discontinued because he feels upset stomach and other side effects with that drug. He will follow up with me in 6 months.

IAK/OSI/227352/2/09/08/2008 16:02:31/rc/D:09/08/2008
14:15:19/T:09/08/2008
15:06:00/VAJob#:3246104/IChartJob#32595441/25904338

Signed by: /es/ IOBAL A KHAN
STAFF PHYSICIAN (NEUROLOGY) MEDICAL SERVICE
09/09/2008 08:39

Analog Pager: 721

09/08/2008 14:04 Local Title: PROVIDER MEDICATION RECONCILIATION NOTE
Standard Title: E & M NOTE

PROVIDER Med Reconciliation:

09/08/2008 14:04
***** CONFIDENTIAL UAP SUMMARY pg. 1

LASKOWSKI, STANLEY P III

----- BADR - Brief Adv React/All

Allergy/Reaction: TRAMADOL

----- AJEY UAP PHARMACY PROFILE

Alphabetical list of all prescriptions, inpatient orders and
Non-VA meds
Legend: OPT = VA issued outpatient prescription, INP = VA issued
inpatient order
Non-VA Meds Last Documented On: ** Data not found **

OPT CAPSAICIN 0.075% CREAM (GM)
APPLY SMALL AMOUNT TOPICALLY TWICE A DAY AS NEEDED TO
AFFECTED AREA

Supply: 30	Last Released: 6/5/08	Days
Remaining: 3	Rx Expiration Date: 6/6/09	Refills

OPT MULTIVITAMIN TABLETS
TAKE 1 TABLET BY MOUTH EVERY DAY
Last Released: 6/20/08

Days

M46

***** CONFIDENTIAL Clinical Data (4y) SUMMARY pg. 26 *****
 LASKOWSKI, STANLEY P III [REDACTED] DOB: [REDACTED] 06/30/2009 09:41

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
 (continued)

profile at this clinic visit. See plan of care above. Patient
 verbalizes understanding of use of new medication(s).

Signed by: /es/ INDUBHAI M PATEL, MD
 STAFF PHYSICIAN, PRIMARY CARE
 09/11/2008 13:37

Analog Pager: 272

09/10/2008 11:09 Local Title: PSYCHOLOGY GENERAL NOTE
 Standard Title: PSYCHOLOGY NOTE

received message from veteran indicating his need to CX appt scheduled for
 9/11/08 due to transportation issues. Veteran is already rescheduled for
 9/18/08.

Signed by: /es/ MATTHEW DOOLEY
 STAFF PSYCHOLOGIST BEHAVIORAL SVCS
 09/10/2008 11:10

Analog Pager: 112

09/08/2008 14:05 Local Title: MED NEUROLOGY NOTE
 Standard Title: NEUROLOGY NOTE

HISTORY OF PRESENT ILLNESS: This is a 30-year-old male who has
 history of seizures, as well as headaches. On last visit I had
 advised him to start phenytoin which was prescribed for
 prevention of seizures. Although his seizures may seem to be
 provoked seizures from the medications he has taken in the past
 including tramadol and antidepressants it seems like he may have
 epilepsy. He had seizures in February, May, and July of this
 year, the last one on July 4th. He ascribed these seizures to
 his taking tramadol and Prozac because every time he had a
 seizure he was at least on tramadol. At one time he was on
 tramadol, as well as on Prozac. There is no family history of
 epilepsy. EEG was unremarkable. MRI of the brain in April is
 reported unremarkable by him. ER doctor in Carbondale Hospital
 where he was taken after a seizure reported his seizures to
 department of transportation who has sent him a letter to be
 filled out by physician. He forgot to bring that to the office.

In the interim since I saw him last in August 2008 he saw Dr.
 Dhaduk who he knows from before who prescribed gabapentin for
 seizure protection or prophylaxis and advised him not to take
 phenytoin because of long-term side effects. Patient has not
 started that drug either yet.

He is saying he has had no seizures since July 4, 2008.

Another problem is his headaches and his bilateral hip pain
 which he says is related to his service related traumas and
 exercises et cetera, for which he says he takes Tylenol #3 which
 helps. For headaches usually Benadryl helps. He ascribes his
 headaches to allergies.

He is stable otherwise and looks healthy.

PHYSICAL EXAMINATION: Physical exam is unchanged from past
 results.

In conclusion he is not on any antiepileptic at this time and
 chooses not to be treated for seizure prophylaxis.

The veteran has a strong thought that his seizures were related
 to the medications as mentioned above.

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***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
pg. 25 *****
DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
(continued)

TAKE ONE
TABLET EVERY MORNING AFTER MEAL

OPT DIVALPROEX ER 500MG TAB (DISCONTINUED BY PROVIDER/30 Days
Supply Last Released: 3/17/08)

TAKE ONE TABLET BY MOUTH AT BEDTIME FOR 3 DAYS, THEN TAKE TWO
TABLET
AT BEDTIME

OPT DULOXETINE 20MG CAP (DISCONTINUED BY PROVIDER/30 Days Supply
Last Released: 3/10/08)
TAKE ONE CAPSULE BY MOUTH EVERY OTHER DAY

OPT FIORINAL # 3 (30MG CODEINE) (DISCONTINUED BY PROVIDER/30 Days
Supply Last Released: 8/11/08)
TAKE 1 CAPSULE BY MOUTH FOUR TIMES A DAY AS NEEDED

OPT FLUOXETINE 20 MG CAP (DISCONTINUED BY PROVIDER/30 Days Supply
Last Released: 2/25/08)
TAKE ONE CAPSULE BY MOUTH TWICE A DAY WITH MEALS

OPT HYDROXYZINE 10MG TABLET (DISCONTINUED BY PROVIDER/30 Days
Supply Last Released: 4/7/08)
TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR ANXIETY

OPT HYDROXYZINE PAMOATE 25MG CAP (DISCONTINUED BY PROVIDER/30 Days
Supply Last Released: 3/20/08)
TAKE ONE CAPSULE BY MOUTH TWICE A DAY AS NEEDED FOR ANXIETY,
MAY TAKE
1 OR 2 TABS

OPT MIRTAZAPINE 15 MG TABLET (DISCONTINUED BY PROVIDER/30 Days
Supply Last Released: 1/10/08)
TAKE ONE AND ONE-HALF TABLETS BY MOUTH AT BEDTIME

OPT PAROXETINE 40 MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply
Last Released: 1/30/08)
TAKE ONE-HALF TABLET BY MOUTH EVERY DAY

OPT QUETIAPINE 100MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply
Last Released: 1/10/08)
TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME

OPT QUETIAPINE 200MG TAB (DISCONTINUED (EDIT)/30 Days Supply Last
Released: 12/14/07)
TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME

OPT RISPERIDONE 2 MG (DISCONTINUED BY PROVIDER/30 Days Supply Last
Released: 4/26/08)
TAKE ONE-HALF TABLET BY MOUTH TWICE A DAY FOR MOOD
STABILIZATION

OPT TRAMADOL 50MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply
Last Released: 2/26/08)
TAKE TWO TABLETS BY MOUTH THREE TIMES A DAY AS NEEDED AS
NEEDED FOR
PAIN

OPT VENLAFAXINE EXTENDED RELEASE 75MG CAPS (DISCONTINUED BY
PROVIDER/30 Days Supply Last Released: 1/22/08)
TAKE ONE CAPSULE BY MOUTH DAILY WITH FOOD

OPT ZOLPIDEM 10 MG TAB (EXPIRED/30 Days Supply Last Released:
8/4/08)
TAKE ONE TABLET BY MOUTH AT BEDTIME AS NEEDED

Outpatient Medication Review
A new medication is to be added after review of current medication

M48

***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
pg. 24 *****
DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
(continued)

09/11/2008 13:34
***** CONFIDENTIAL UAP SUMMARY pg. 1

LASKOWSKI, STANLEY P III

----- BADR - Brief Adv React/All

Allergy/Reaction: TRAMADOL

----- AJEY UAP PHARMACY PROFILE

Alphabetical list of all prescriptions, inpatient orders and
Non-VA meds
Legend: OPT = VA issued outpatient prescription, INP = VA issued
inpatient order
Non-VA Meds Last Documented On: ** Data not found **

OPT ACETAMINOPHEN 300MG WITH CODEINE 30MG
TAKE 1 TABLET BY MOUTH EVERY 8 HOURS AS NEEDED HIP AND LOWER
BACK PAIN

	Last Released: 9/8/08	Days
Supply: 30	Rx Expiration Date: 10/8/08	Refills
Remaining: 0		

OPT CAPSAICIN 0.075% CREAM (GM)
APPLY SMALL AMOUNT TOPICALLY TWICE A DAY AS NEEDED TO
AFFECTED AREA

	Last Released: 6/5/08	Days
Supply: 30	Rx Expiration Date: 6/6/09	Refills
Remaining: 3		

OPT MULTIVITAMIN TABLETS
TAKE 1 TABLET BY MOUTH EVERY DAY

	Last Released: 6/20/08	Days
Supply: 90	Rx Expiration Date: 6/6/09	Refills
Remaining: 2		

OPT PHENYTOIN 100MG (DILANTIN) CAP
TAKE THREE CAPSULES BY MOUTH EVERY DAY

	Last Released: 8/5/08	Days
Supply: 90	Rx Expiration Date: 8/6/09	Refills
Remaining: 3		

Other medications previously dispensed in the last year:

OPT BUSPIRONE 5 MG TABLET (DISCONTINUED BY PROVIDER/30 Days
Supply Last Released: 1/30/08)
TAKE ONE TABLET BY MOUTH TWICE A DAY WITH MEALS

OPT BUTALBITAL CPD & APAP TAB (DISCONTINUED/10 Days Supply Last
Released: 7/31/08)
TAKE 1 TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN AND
HEADACHE

OPT CITALOPRAM 20MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply
Last Released: 3/4/08)
TAKE ONE-HALF TABLET BY MOUTH EVERY MORNING FOR 10 DAYS, THEN

M49

***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
pg. 23 *****
DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
(continued)

melena, bright red blood per rectum, hematuria, urgency, dysuria, weakness, blurred vision, slurred speech, sensory loss.

Allergies: Patient has answered NKA

MEDICATIONS:

Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) ACETAMINOPHEN 300MG WITH CODEINE 30MG TAKE 1 TABLET BY MOUTH EVERY 8 HOURS AS NEEDED HIP AND LOWER BACK PAIN	ACTIVE
2) CAPSAICIN 0.075% CREAM (GM) APPLY SMALL AMOUNT TOPICALLY TWICE A DAY AS NEEDED TO AFFECTED AREA	ACTIVE
3) MULTIVITAMIN TABLETS TAKE 1 TABLET BY MOUTH EVERY DAY	ACTIVE
4) PHENYTOIN 100MG (DILANTIN) CAP TAKE THREE CAPSULES BY MOUTH EVERY DAY	ACTIVE

Pending Outpatient Medications	Status
1) DIPHENHYDRAMINE 25 MG CAPSULES TAKE ONE CAPSULE BY MOUTH AT BEDTIME AS NEEDED	PENDING

PMH:
Posttraumatic Stress Disorder (ICD-9-CM Hip Pain
Tobacco Use Disorder, Continuous

OBJECTIVE:
VITAL SIGNS: T 98.5 F [36.9 C] (09/11/2008 13:09), R 18 (09/11/2008 13:09), P 70 (09/11/2008 13:09), BP 122/79 (09/11/2008 13:09)
3/2/08 @ 1206 PULSE OXIMETRY: 99
GENERAL: alert and oriented, afebrile, comfortable, not in any distress.
SKIN: no jaundice, no pallor, no cyanosis, dry, non-scaly
HEENT: NCAT, anicteric sclerae, pink conjunctiva, PERRLA, moist oral mucosa.
NECK: supple, no JVD, no carotid bruit, no lymphadenopathy/ thyromegaly.
CHEST: Symmetrical, nontender.
LUNGS: Clear bilaterally, no rales/wheezes
HEART: s1 s2, regular, no murmur/gallop.
ABD: flat, soft, NABS +, nontender, no organomegaly/masses appreciated.
EXTS: warm, no edema/cyanosis/clubbing, good peripheral pulses
CNS: AAO x 3, no focal deficits noted.

LABS: reviewed.

A/P:

1. neck pain appear to be consistent with strained muscle
tylenol # 3 every 6 hr prn pain also advised for rest, apply capsain cream as well as to use heating pads.
2. post traumatic stress disorder
follow up psych
3. traumatic brain injury
seen by neurology Dr. Hogg for TBI and was D/C from TBI clinic, No evidence of TBI
4. seizure disorder and headache, he is not on any antiepileptic at this time and chooses not to be treated for seizure prophylaxis as per neuro Dr. Khan.
5. headaches. He ascribes his headaches to allergies, usually Benadryl helps, asking benadryl from here which will be provided.

Patient was explained side effects of the medications, which he understood and verbalized. Plan of therapy was discussed with the patient, and he was agreeable.

Preventative - counselled regarding weight loss/exercise/smoking cessation/Diet

LABS: CBC w/diff, lipid profile, Chem profile - before next visit.
RTC: 6 months to Primary Care Clinic or early if necessary

PROVIDER Med Reconciliation:

M50

06/30/2009 09:41

***** CONFIDENTIAL Clinical Data (4y) SUMMARY.
LASKOWSKI, STANLEY P III

pg. 22

DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
(continued)

to safety stuck points and to reread the last written index event on a daily basis.

A: The veteran displayed mildly anxious mood with restricted affect. He denied and did not demonstrate symptoms consistent with current suicidal ideation, homicidal ideation, auditory or visual hallucination. His speech was logical, coherent, and sequential. His insight and judgment appeared good.

The veteran continues to show growing proficiency in his use of cognitive restructuring exercises to challenge his maladaptive cognitions. Despite this, there continues to be some evidence of emotional reasoning present in his narrative primarily in areas surrounding index event. He continues to demonstrate willingness to challenge these errors in cognitions and resulting problem affect.

DIAGNOSIS: Post-traumatic stress disorder.

TREATMENT PLAN: The veteran agrees to continued attendance at cognitive processing therapy on individual basis.

Next individual contact with veteran will include; review of the challenging beliefs worksheets completed by the veteran on his safety stuck points, helping the patient confront problematic cognitions and generate alternative beliefs using the challenging beliefs sheet, introduction of the trust module.

THERAPEUTIC GOAL: Reduction in the frequency and/or severity of the veteran's reported symptom complaints. The veteran's completed PCLS to date demonstrate a marked decrease in reported frequency and severity of symptom complaints.

D: 09/19/2008 11:50 AM
T: 09/20/2008 T28 183062

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
09/25/2008 16:27

Analog Pager: 112

09/11/2008 13:18 Local Title: MED PRIMARY CARE NOTE
Standard Title: PRIMARY CARE NOTE

CHIEF COMPLAIN: follow up on chronic medical problems.

HISTORY OF PRESENT ILLNESS: LASKOWSKI, STANLEY P III, is a 30 year old veteran came to my clinic today for a regular scheduled visit. He has PMHx of adjustment Disorder, Posttraumatic Stress Disorder, Skin Rashes, Right Hip Bursitis, Left Hip: Greater trochanteric bursitis, Right arm Fracture, Chronic Left Hip Pain, sinusitis, Right heel Spur, Hearing Loss and Tinnitus. The patient is having persistent problems, despite anti-inflammatory medication. The patient states he injured his forearm when he fell on stairs in 2002. He was placed in a cast for two weeks. He has Right plantar calcaneus spur from radiology report. Pt also had Admission for Concussion due to Motor Vehicle Accident in 1994. Pt was seen by neurology Dr. Hogg for TBI and was D/C from TBI clinic. No evidence of TBI, for detail refer to neurology note dated Jul 09, 2008 by Dr. Hogg. Patient is actively followed by neurology for seizure disorder and headache, he is not on any antiepileptic at this time and chooses not to be treated for seizure prophylaxis as per neuro Dr. Khan. For his hip pain neuro ordered Tylenol #3 one tablet q. 8 hoursp.r.n. Fiorinol was discontinued because he feels upset stomach and otherside effects with that drug by neurology, for detail refer to neurology note dated Sept 08, 2008. pt also followed by psych for post traumatic stress disorder. pt reported to me that For headaches usually Benadryl helps. He ascribes his headaches to allergies, asking benadryl from here which will be provided. denies any acute complain today.

Subjective: Denies any chest pain, shortness of breath, cough, fever, chills, headache, dizziness, palpitation, abdominal pain, diarrhea, constipation,

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***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
pg. 21 *****
DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
(continued)

diagnosis of post-traumatic stress disorder. The patient completed his practice assignment related to daily completion of the challenging beliefs worksheet. Examples from these worksheets were reviewed to offer further cognitive restructuring and to fine tune completion of the worksheets. Safety related stuck points were specifically targeted. Stuck points related to trust were introduced and he agreed to read materials related to this theme. The patient agreed to complete a challenging beliefs worksheet each day about stuck points before the next session. He also agreed to continue reading the last written account of the index event. During processing of completed homework veteran continues to describe growing habituation to re-reading of index event. Further reviewing of the index event will be considered at next contact.

A: The veteran displayed mildly anxious mood with restricted affect. He denied and did not demonstrate symptoms consistent with current suicidal ideation, homicidal ideation, auditory or visual hallucination. His speech was logical, coherent, and sequential. His insight and judgment appeared good.

Diagnosis: Post-traumatic stress disorder.

Treatment plan: The veteran agrees to continued attendance at cognitive processing therapy on an individual basis.

Next individual contact with veteran will include: Review of challenging beliefs worksheets to challenge trauma related trust stuck points, discussion on judgment issues that may arise in stuck points related to trust, introduction of the third of five problem areas of power/control.

Therapeutic goal: Reduction in the frequency and/or severity of the veteran's reported symptom complaints.

d- 9/25/08 6:33 p.m.
t- 9/27/08 5:41 a.m.
J# 184827 TAI2

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
10/02/2008 16:30

Analog Pager: 112

09/18/2008 16:30 Local Title: PSYCHOLOGY GENERAL NOTE
Standard Title: PSYCHOLOGY NOTE

D: The veteran attended a 50-minute CPT session on his service-connected diagnosis of post-traumatic stress disorder. This was the 7th session of CPT.

The veteran arrived having completed his practice assignments related to identifying patterns of problematic thinking and rereading of his last written index event. During processing of completion of these assignments, the veteran reports that he has increased his frequency of rereading index event and that he has noticed greater level of habituation. Advised the veteran to continue rereading the event between contacts until further notice. The veteran expressed understanding and agreement.

The challenging beliefs worksheet was introduced as a method of self guided cognitive restructuring. An example stuck point was used to illustrate the use of the worksheet. The veteran appears to be increasingly able to challenge his own maladaptive thinking. The five themes targeted in the remainder of the treatment were introduced with a focus of safety for exploration in the next session.

The veteran agreed to complete a challenging beliefs worksheet each day about stuck points before the next session, to read the materials related

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***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
pg. 20 *****
DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
(continued)

Receipt Acknowledged by: /es/ SANDRA DOMPKOSKY RN MSN
OIF/OEF RN Case Manager
10/06/2008 07:57

Analog Pager: 277

10/02/2008 16:30 Local Title: PSYCHOLOGY GENERAL NOTE
Standard Title: PSYCHOLOGY NOTE

D: The veteran attended a 60-minute CPT session on his service-connected diagnosis of post-traumatic stress disorder.

This was the 9th session of CPT for post-traumatic stress disorder. The patient arrived having completed his practice assignment related to daily completion of the challenging beliefs worksheets and re-reading of the last written index event. Example from the worksheets were reviewed to offer further cognitive restructuring and to fine tune completion of the worksheets. Trust related stuck points were specifically targeted. Stuck points related to power and control were introduced and he agreed to read materials related to this theme. The patient also agreed to complete a challenging beliefs worksheet each day about stuck points before the next session.

During processing of veteran's rereading of index event, the veteran reported habituation to rereading of index event. He also appears to have allowed for emotional expression while rereading based upon the veteran's report of progress in rereading of index event. Advised the veteran to discontinue rereading of the index event at this time.

A: The veteran displayed mildly anxious mood with broad affect. He denied and did not demonstrate symptoms consistent with current suicidal ideation, homicidal ideation, auditory or visual hallucination. His speech was logical, coherent, and sequential. His insight and judgment appeared good.

DIAGNOSIS: Post-traumatic stress disorder.

TREATMENT PLAN: continued attendance and cognitive processing therapy on an individual basis.

Next individual contact with veteran will include: Discussing connection between power, control, and self blame, helping to challenge related problematic cognitions using the worksheets, reviewing of ways of giving and taking power, introduction of the fourth of five problem areas of esteem.

THERAPEUTIC GOAL: Reduction in the frequency and/or severity of the veteran's reported symptom complaints. The veteran's completed PCLS have showed marked decrease in reported frequency and severity of his post-traumatic stress disorder symptoms over the course of this treatment to date.

D: 10/02/2008 5:36 PM
T: 10/05/2008 T28 186902

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
10/09/2008 16:27

Analog Pager: 112

09/25/2008 16:30 Local Title: PSYCHOLOGY GENERAL NOTE
Standard Title: PSYCHOLOGY NOTE

D: The veteran attended a 50 minute CPT session on his service connected diagnosis of post-traumatic stress disorder.

This was the eighth session of CPT on the veteran's service connected

MS 3

***** CONFIDENTIAL Clinical Data (4y) SUMMARY pg. 19 *****
 LASKOWSKI, STANLEY P III [REDACTED] DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
 (continued)

Ref: NO SHOW NOTE

Dated: 10/23/2008 15:14

D: VETERAN RETURNED CALL AND ASKED TO BE RESCHEDULED, VET HAS A F/U APPT. ON 10/30/08 AT 3 PM.

Signed by: /es/ JOSEPH R. BEAM
 ADDICTION THERAPIST
 10/27/2008 08:46

Analog Pager: 836

10/09/2008 16:30 Local Title: PSYCHOLOGY GENERAL NOTE
 Standard Title: PSYCHOLOGY NOTE

D: The veteran attended a 60-minute CPT session on his service-connected diagnosis of post-traumatic stress disorder. This was the 10th session of CPT.

The veteran arrived having completed his practice assignments related to daily completion of the challenging beliefs worksheet. Examples from these worksheets were reviewed to offer further cognitive restructuring and to fine tune completion of the worksheets. Power and control related stuck points were specifically targeted. Stuck points related to esteem were introduced and he agreed read materials related to this theme. The patient also agreed to complete a challenging belief's worksheet about stuck points, give or receive a compliment each day before the next session and to do one nice thing for himself daily.

A: The veteran displayed mildly anxious mood with broad affect. He denied and did not demonstrate symptoms consistent with current suicidal ideation, homicidal ideation, auditory or visual hallucination. His speech was logical, coherent, and sequential. His insight and judgment appeared good.

DIAGNOSIS: Post-traumatic stress disorder.

TREATMENT PLAN: Individual psychotherapy using cognitive processing protocol.

NEXT INDIVIDUAL CONTACT: Discuss the patient's reactions to giving and receiving compliments and engaging in a pleasant activity, discuss how patient identifies esteem issues and assumptions and challenge them using challenging belief's worksheets, introduce the fifth of five problem areas of intimacy.

THERAPEUTIC GOAL: Reduction in the frequency and/or severity of the veteran's reported symptom complaints.

D: 10/09/2008 5:25 PM
 T: 10/10/2008 T28 188904

Signed by: /es/ MATTHEW DOOLEY
 STAFF PSYCHOLOGIST BEHAVIORAL SVCS
 10/13/2008 14:36

Analog Pager: 112

10/03/2008 11:57 Local Title: TLCP OIF/OEF
 Standard Title: OEF/OIF TELEPHONE ENCOUNTER NOTE

Data: Attempted to contact veteran re: No show for Psych Dooley appt on 10/2/2008. Unable to speak to veteran however voicemail message was left with rescheduling information and also appt information for 10/9, 10/16, 10/23 appts with Dr. Dooley.

Signed by: /es/ Karen L. Berkheiser, RN BSN
 OEF/OIF RN Case Manager

M54

***** CONFIDENTIAL Clinical Data (4y) SUMMARY pg. 18 06/30/2009 09:41
 LASKOWSKI, STANLEY P III [REDACTED] DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
 (continued)

speech was logical, coherent, and sequential. His insight and judgment appeared good.

DIAGNOSIS: Post-traumatic stress disorder.

TREATMENT PLAN: Individual psychotherapy using cognitive processing protocol for post-traumatic stress disorder.

NEXT INDIVIDUAL CONTACT: Help patient identify assumptions, any remaining stuck points and assist patient in challenging those assumptions with CBW, the patient to read impact statement, reviewing the course of treatment and patient's progress, identification of goals for future and delineation of strategies for meeting those goals, termination and scheduling of 1 month follow up.

D: 10/23/2008 6:20 PM
 T: 10/24/2008 T28 192984

Signed by: /es/ MATTHEW DOOLEY
 STAFF PSYCHOLOGIST BEHAVIORAL SVCS
 10/27/2008 17:27

Analog Pager: 112

10/23/2008 15:14 Local Title: NO SHOW NOTE
 Standard Title: NO SHOW NOTE

Job 03-49, MRC Approved 12-10-03

LASKOWSKI, STANLEY P III did not show for clinic appointment. Chart reviewed. Did not speak to patient

I was unable to reach the patient. Send URGENT NO SHOW letter.

D: UNDERSIGNED LEFT MESSAGE ON VETS VOICE MAIL IN REGARDS TO NO-SHOW, WILL CONTINUE TO MONITOR VET AND DOCUMENT WHEN RETURN CALL IS RECEIVED.

Signed by: /es/ JOSEPH R. BEAM
 ADDICTION THERAPIST
 10/23/2008 15:16

Analog Pager: 836

Receipt Acknowledged by: /es/ MATTHEW DOOLEY
 STAFF PSYCHOLOGIST BEHAVIORAL SVCS
 10/23/2008 17:47

Analog Pager: 112

10/24/2008 10:13 Local Title: ADDENDUM
 Standard Title: ADDENDUM
 Ref: NO SHOW NOTE

Dated: 10/23/2008 15:14

D: 2ND ATTEMPT, SAME RESULTS, LEFT MESSAGE ON VETS VOICE MAIL IN REGARDS TO NO-SHOW.

Signed by: /es/ JOSEPH R. BEAM
 ADDICTION THERAPIST
 10/24/2008 10:14

Analog Pager: 836

10/27/2008 08:45 Local Title: ADDENDUM
 Standard Title: ADDENDUM

MSS

***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
pg. 17 *****
DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
(continued)

necessary.

A: The veteran displayed mildly anxious mood with restricted affect. He denied and did not demonstrate symptoms consistent with current suicidal ideation, homicidal ideation, auditory or visual hallucination. His speech was logical, coherent, and sequential. His insight and judgment appeared good.

DIAGNOSIS: Post-traumatic stress disorder.

TREATMENT PLAN: continue individual outpatient psychotherapy with this veteran via scheduling of a one month follow up to assess further need of treatment. The veteran agrees to attend post-deployment stress classes when available.

NEXT INDIVIDUAL CONTACT: Primarily, assessment to determine further need for additional trauma related psychological treatment services and/or maintenance treatments.

THERAPEUTIC GOAL: The veteran reported improvement via decrease in reported symptom frequency and severity (PCLS).

D: 10/30/2008 5:47 PM
T: 11/01/2008 T28 195006

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
11/03/2008 15:18

Analog Pager: 112

10/30/2008 09:26 Local Title: TLCP SUBSTANCE ABUSE
Standard Title: TELEPHONE ENCOUNTER NOTE

D: VETERAN CALLED UNDERSIGNED TO CANCEL HIS APPT. DUE TO A SCHEDULING CONFLICT, VET WAS RESCHEDULED FOR 11/13/08 AT 2 PM. APPT. LETTER SENT.

Signed by: /es/ JOSEPH R. BEAM
ADDICTION THERAPIST
10/30/2008 09:27

Analog Pager: 836

10/23/2008 16:30 Local Title: PSYCHOLOGY GENERAL NOTE
Standard Title: PSYCHOLOGY NOTE

D: The veteran attended a 50-minute CPT session on a service-connected diagnosis of post-traumatic stress disorder. This was the 11th session of CPT.

The veteran arrived having completed his practice assignment related to completing the CBW daily, giving and receiving a compliment each day, and doing something nice for himself each day without feeling as though he must earn it. Examples from the worksheets were reviewed to offer further cognitive restructuring and to fine tune completion of the worksheets. Esteem related stuck points were specifically targeted. Stuck points related to intimacy were introduced and he agreed to read materials related to this theme. The patient also agreed to complete a CBW about stuck points each day and to write another impact statement describing his current thoughts and beliefs about himself, others and the world related to his traumatic experiences. Also advised the veteran of recommendation for one month follow up after next (final) session in this protocol. The veteran expressed understanding and agreement with all above recommendations.

A: The veteran displayed mildly anxious mood with broad affect. He denied and did not demonstrate symptoms consistent with current suicidal ideation, homicidal ideation, auditory or visual hallucination. His

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***** CONFIDENTIAL Clinical Data (4y) SUMMARY pg. 16 *****
 LASKOWSKI, STANLEY P III [REDACTED] DOB: [REDACTED] 06/30/2009 09:41

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
 (continued)
 Ref: NO SHOW NOTE Dated: 12/17/2008 12:55

2nd contact attempt-same result.

Signed by: /es/ MATTHEW DOOLEY
 STAFF PSYCHOLOGIST BEHAVIORAL SVCS
 12/17/2008 15:27

Analog Pager: 112

12/18/2008 10:17 Local Title: ADDENDUM
 Standard Title: ADDENDUM
 Ref: NO SHOW NOTE Dated: 12/17/2008 12:55

3rd contact attempt-same result. Reviewed file. No current MH crisis SxS indicated in file, since last contact with writer. Further contact attempts do not appear necessary at this time.

Signed by: /es/ MATTHEW DOOLEY
 STAFF PSYCHOLOGIST BEHAVIORAL SVCS
 12/18/2008 10:18

Analog Pager: 112

11/13/2008 14:11 Local Title: SUBSTANCE ABUSE GENERAL NOTE
 Standard Title: SATP NOTE

D: VETERAN PRESENTS TODAY FOR D/A INITIAL EVALUATION, BECAUSE OF TIME CONSTRAINTS VET WILL HAVE F/U APPT. SAME.

Signed by: /es/ JOSEPH R. BEAM
 ADDICTION THERAPIST
 11/13/2008 14:14

Analog Pager: 836

11/13/2008 14:25 Local Title: ADDENDUM
 Standard Title: ADDENDUM
 Ref: SUBSTANCE ABUSE GENERAL N Dated: 11/13/2008 14:11

D: F/U APPT. MADE FOR 12/17/08 AT 11 AM.

Signed by: /es/ JOSEPH R. BEAM
 ADDICTION THERAPIST
 11/13/2008 14:26

Analog Pager: 836

10/30/2008 16:30 Local Title: PSYCHOLOGY GENERAL NOTE
 Standard Title: PSYCHOLOGY NOTE

D: The veteran attended a 50-minute CPT session on his service-connected diagnosis of post-traumatic stress disorder. This was the 12th and final session of CPT for the veteran's diagnosis of post-traumatic stress disorder.

The veteran completed his practice assignment relating to completing the CBWS daily and writing a final impact statement. Examples from the worksheets were reviewed for further cognitive restructuring especially on the development and maintenance of relationships. The first and final impact statements were compared which led to discussion about the course of this tx.

Goals for the future were established and the patient was encouraged to continue using his developed skills. The veteran agreed to a one month follow up appointment and he expressed an understanding that he may contact this writer and/or Mental Hygiene Clinic should additional mental health services become

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***** CONFIDENTIAL Clinical Data (4y) SUMMARY pg. 15 06/30/2009 09:41
 LASKOWSKI, STANLEY P III [REDACTED] DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
 (continued)

TAKE ONE CAPSULE BY MOUTH TWICE A DAY WITH MEALS

OPT HYDROXYZINE 10MG TABLET (DISCONTINUED BY PROVIDER/30 Days Supply
 Last Released: 4/7/08)
 TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR ANXIETY

OPT HYDROXYZINE PAMOATE 25MG CAP (DISCONTINUED BY PROVIDER/30 Days
 Supply Last Released: 3/20/08)
 TAKE ONE CAPSULE BY MOUTH TWICE A DAY AS NEEDED FOR ANXIETY, MAY
 TAKE 1 OR 2 TABS

OPT MIRTAZAPINE 15 MG TABLET (DISCONTINUED BY PROVIDER/30 Days Supply
 Last Released: 1/10/08)
 TAKE ONE AND ONE-HALF TABLETS BY MOUTH AT BEDTIME

OPT QUETIAPINE 100MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply Last
 Released: 1/10/08)
 TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME

OPT RISPERIDONE 2 MG (DISCONTINUED BY PROVIDER/30 Days Supply Last
 Released: 4/26/08)
 TAKE ONE-HALF TABLET BY MOUTH TWICE A DAY FOR MOOD STABILIZATION

OPT TRAMADOL 50MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply Last
 Released: 2/26/08)
 TAKE TWO TABLETS BY MOUTH THREE TIMES A DAY AS NEEDED AS NEEDED
 FOR PAIN

OPT VENLAFAXINE EXTENDED RELEASE 75MG CAPS (DISCONTINUED BY
 PROVIDER/30 Days Supply Last Released: 1/22/08)
 TAKE ONE CAPSULE BY MOUTH DAILY WITH FOOD

Outpatient Medication Review
 No change in current medication at this clinic visit. Patient
 verbalizes understanding of current medication regimen.

Signed by: /es/ IOBAL A KHAN
 STAFF PHYSICIAN (NEUROLOGY) MEDICAL SERVICE
 01/08/2009 12:04

Analog Pager: 721

12/17/2008 12:55 Local Title: NO SHOW NOTE
 Standard Title: NO SHOW NOTE

Job 03-49, MRC Approved 12-10-03

LASKOWSKI, STANLEY P III did not show for clinic appointment. Chart reviewed.
 Did not speak to patient. Urgent, I was unable to reach the patient, but left
 message on listed home answering machine to contact MHC to reschedule, send
 URGENT NO SHOW letter.

Signed by: /es/ MATTHEW DOOLEY
 STAFF PSYCHOLOGIST BEHAVIORAL SVCS
 12/17/2008 12:56

Analog Pager: 112

12/17/2008 15:27 Local Title: ADDENDUM
 Standard Title: ADDENDUM

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***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
pg. 14 *****
DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
(continued)

Alphabetical list of all prescriptions, inpatient orders and Non-VA

meds
Legend: OPT = VA issued outpatient prescription, INP = VA issued

inpatient order

Non-VA Meds Last Documented On: ** Data not found **

OPT ACETAMINOPHEN 300MG WITH CODEINE 30MG

TAKE 1-2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED FOR HIP AND
LOWER

BACK PAIN

Last Released: 12/9/08
Rx Expiration Date: 4/8/09

Days Supply: 30
Refills

Remaining: 2

OPT CAPSAICIN 0.075% CREAM (GM)

APPLY SMALL AMOUNT TOPICALLY TWICE A DAY AS NEEDED TO AFFECTED
AREA

Last Released: 6/5/08
Rx Expiration Date: 6/6/09

Days Supply: 30
Refills

Remaining: 3

OPT DIPHENHYDRAMINE 25 MG CAPSULES

TAKE ONE CAPSULE BY MOUTH AT BEDTIME AS NEEDED FOR SINUS. DO NOT
DRIVE

WHILE ON MEDICATION.

Last Released: 9/12/08
Rx Expiration Date: 9/12/09

Days Supply: 30
Refills

Remaining: 1

OPT MULTIVITAMIN TABLETS

TAKE 1 TABLET BY MOUTH EVERY DAY

Last Released: 6/20/08
Rx Expiration Date: 6/6/09

Days Supply: 90
Refills

Remaining: 2

OPT PHENYTOIN 100MG (DILANTIN) CAP

TAKE THREE CAPSULES BY MOUTH EVERY DAY

Last Released: 8/5/08
Rx Expiration Date: 8/6/09

Days Supply: 90
Refills

Remaining: 3

Other medications previously dispensed in the last year:

OPT CITALOPRAM 20MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply Last
Released: 3/4/08)

TAKE ONE-HALF TABLET BY MOUTH EVERY MORNING FOR 10 DAYS, THEN
TAKE ONE
TABLET EVERY MORNING AFTER MEAL

OPT DIVALPROEX ER 500MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply
Last Released: 3/17/08)

TAKE ONE TABLET BY MOUTH AT BEDTIME FOR 3 DAYS, THEN TAKE TWO
TABLET
AT BEDTIME

OPT DULOXETINE 20MG CAP (DISCONTINUED BY PROVIDER/30 Days Supply Last
Released: 3/10/08)

TAKE ONE CAPSULE BY MOUTH EVERY OTHER DAY

OPT FIORINAL # 3 (30MG CODEINE) (DISCONTINUED BY PROVIDER/30 Days
Supply Last Released: 8/11/08)

TAKE 1 CAPSULE BY MOUTH FOUR TIMES A DAY AS NEEDED

OPT FLUOXETINE 20 MG CAP (DISCONTINUED BY PROVIDER/30 Days Supply Last
Released: 2/25/08)

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***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
pg. 13 *****
DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
(continued)

of suicide attempt is given.

Mr. Laskowski says he was bothered slightly by psychological or emotional problems in the month prior to this interview. The patient considers treatment for psychological or emotional problems to be moderately important.

In the interviewer's opinion, the information that the patient provided concerning psychiatric problems was not significantly distorted by misrepresentation. The patient did understand the questions.

Psychiatric Status Comments: VET WAS DIAGNOSED WITH PTSD IN 4/07 AND IS CURRENTLY STABLE.

SPIRITUAL STATUS:

LEISURE TIME STATUS:

Signed by: /es/ JOSEPH R. BEAM
ADDICTION THERAPIST
02/02/2009 09:55

Analog Pager: 836

01/08/2009 12:06 Local Title: MED NEUROLOGY NOTE
Standard Title: NEUROLOGY NOTE

f/u visit

Doing OK ;has had no seizures since 7/08.He is not on tramadol and any antidepressant which were suspected to be the cause of drug related seizures. Denies using 'recreational drugs'.Denies ETOH except very rarely No fx hx of epilepsy.He is not on any anticonvulsant. MRI brain and EEG was normal. He is currently unemployed but has worked in financial industry which is his background.He is not involved in operating heavy machinery and trucking etc. Neurologic exam on last visit was nl. He is here for f/u and for DMV driving form which was filled out. A:Drug induced seizures (Tramadol and Prozac). P:Patient instructed to avoid occupations and activities and medication which can endanger his well being.He understood this well. One f/u in 6 mths or earlier if necessary.

Signed by: /es/ IOBAL A KHAN
STAFF PHYSICIAN(NEUROLOGY)MEDICAL SERVICE
01/08/2009 12:12

Analog Pager: 721

01/08/2009 12:03 Local Title: PROVIDER MEDICATION RECONCILIATION NOTE
Standard Title: E & M NOTE

PROVIDER Med Reconciliation:

01/08/2009 12:03
***** CONFIDENTIAL UAP SUMMARY pg. 1

LASKOWSKI, STANLEY P III

----- BADR - Brief Adv React/All

Allergy/Reaction: TRAMADOL

----- AJEY UAP PHARMACY PROFILE

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***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
pg. 12 *****
DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
(continued)

MEDICATED HIS PTSD WITH ETOH AND VICODEN.

LEGAL STATUS

Mr. Laskowski says this admission was prompted or suggested by the criminal justice system. He states he is on probation or parole.

In his lifetime, he reports being arrested and charged with drug charges (once). One of these charges resulted in a conviction. Reported lifetime history of legal problems related to substance use include no charges for either disorderly conduct, vagrancy, or public intoxication and no charges for driving while intoxicated. He states he has never been cited for major driving violations such as reckless driving, speeding, or driving without a license. He reports spending one month incarcerated during his life. He is not presently awaiting charges, trial or sentence. In the past 30 days, Mr. Laskowski reports he was detained or incarcerated at no time and was not engaged in illegal activities.

Mr. Laskowski considers legal problems to be a considerable problem and is considerably interested in counseling or referral for legal problems.

In the interviewer's opinion, the information that the patient provided concerning legal problems was not significantly distorted by misrepresentation. The patient did understand the questions.

Legal Status Comments: VET HAS ONE PRIOR CHARGE OF POSSESSION, NOW ON PROBATION FOR SAME. NO OTHER LEGAL ISSUES.

FAMILY/SOCIAL STATUS

Mr. Laskowski is married and is satisfied with this situation. His usual living arrangement over the past three years has been to live with his sexual partner and children, and he is satisfied with this arrangement. He does not live with anyone who has either a drug or alcohol problem.

He reports having significant periods in the past 30 days in which he experienced serious problems getting along with no one. Lifetime, he reports having significant periods in which he experienced serious problems getting along with his mother.

He reports no physical abuse in the past month and none prior to that. He reports no sexual abuse in the past month and none prior to that. Mr. Laskowski says that during the past month he had serious conflicts with his family at no time and serious conflicts with other people at no time.

Mr. Laskowski says he was not bothered at all by family/social problems in the month prior to this interview. The patient considers treatment for family/social problems to be not at all important.

In the interviewer's opinion, the information that the patient provided concerning family problems was not significantly distorted by misrepresentation. The patient did understand the questions.

Family/Social Relationships Comments: VET REPORTS MOTHER BEING DRUG ADDICTED, NOW DECEASED, FATHER IS ALCOHOLIC. NO MARITAL ISSUES NOTED.

PSYCHIATRIC STATUS

Mr. Laskowski states he has been treated in a hospital for psychological or emotional problems once and as an outpatient or private patient 5 times. He reports he does receive a pension for a psychiatric disability.

The patient reports having experienced psychological or emotional problems on one day during the past 30 days. The patient reports experiencing serious depression (lifetime), serious anxiety or tension (lifetime), hallucinations (lifetime) and trouble understanding, concentrating or remembering (lifetime). He says he was prescribed medication for psychological or emotional problems both during the past month as well as at some time prior to that.

He patient reports suicidal ideation but not in the past 30 days. No history

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***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
pg. 11 *****
DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
(continued)

life. Further, Mr. Laskowski states that he is taking prescribed medication on a regular basis, and he says he receives a (40% S/C) pension for a non-psychiatric physical disability. In the 30 days prior to this interview, Mr. Laskowski experienced medical problems on 2 days, which bothered him moderately. The patient considers treatment for medical problems to be moderately important.

In the interviewer's opinion, the information that the patient provided concerning medical problems was not significantly distorted by misrepresentation. The patient did understand the questions.

Medical Status Comments: NO ACUTE MEDICAL ISSUES, HAS HIP PAIN.

EMPLOYMENT/SUPPORT STATUS

Mr. Laskowski completed 14 years of education. He has a valid driver's license and has an automobile available for use. His longest full-time job was 8 years. His usual (or last) occupation is infantry (Hollingshead Category = Semi-skilled). No one else contributes the majority of his financial support. In the past 3 years, his usual employment pattern has been retired/disability. In the past 30 days, he was paid for working on no days. He reports his income over the past month as \$3000 from pension, benefits or social security and \$1500 from mate, family or friends for a total of \$4500.

Mr. Laskowski reports that 3 people are dependent on him for financial support. The patient considers treatment for employment problems to be not at all important.

In the interviewer's opinion, the information that the patient provided concerning employment problems was not significantly distorted by misrepresentation. The patient did understand the questions.

Employment/Support Status Comments: NO EMPLOYMENT ISSUES, 100% DISABLED.

DRUG/ALCOHOL USE

Mr. Laskowski reports the following substance use history:

Drug	Past Month (Days)	Lifetime (Years)	Administration Route
Alcohol - any use at all:	0	10	Oral
Alcohol - to intoxication:	0	1	Oral
Heroin:	0	0	IV Inj.
Methadone:	0	0	Oral
Other opiates/analgesics:	1	1	Oral
Barbiturates:	0	0	Oral
Other sed/hyp/tranq:	0	0	Oral
Cocaine:	0	0	Oral
Amphetamines:	0	0	Nasal
Cannabis:	0	0	Oral
Hallucinogens:	0	2	Smoking
Inhalants:	0	0	Oral
Multiple substances per day:	0	2	Nasal
			N/A

Mr. Laskowski says he has never been treated for alcohol abuse and has never been treated for drug abuse. He reports he spent nothing on alcohol and nothing on drugs during the past month. Further, he denies being treated in an outpatient setting for alcohol or drugs in the past 30 days. During the month prior to this interview, the patient reports he had no alcohol or drug problems. He says he was not bothered at all by alcohol problems and was not bothered by drug problems during that time period. He considers treatment for alcohol problems to be not at all important and treatment for drug problems to be not at all important.

In the interviewer's opinion, the information that the patient provided concerning drug/alcohol problems was not significantly distorted by misrepresentation. The patient did understand the questions.

Drug/Alcohol Use Comments: VET HAS NO PRIOR TREATMENT FOR SUBSTANCE ABUSE,

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***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
pg. 10 *****
DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
(continued)

Level of Understanding: Good

Comment: none

Alcohol Use Disorders Identification Test (AUDIT) performed this visit.

Comment: none

PROVIDER ALCOHOL SCR AUDC= />8;

Alcohol Use Disorders Identification Test (AUDIT) performed this visit.

Comment: already performed

Alcohol counseling given at this visit, patient advised to stop drinking.

Level of Understanding: Good

Comment: NA

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
02/02/2009 10:43

Analog Pager: 112

02/02/2009 09:55 Local Title: SUBSTANCE ABUSE GENERAL NOTE
Standard Title: SATP NOTE

D: INITIAL D/A EVALUATION COMPLETED, SEE ASI.

A: SUBSTANCE DEPENDENCE IN EARLY REMISSION.

P: RTC IN 30 DAYS.

Signed by: /es/ JOSEPH R. BEAM
ADDICTION THERAPIST
02/02/2009 09:57

Analog Pager: 836

02/02/2009 09:54 Local Title: ASI-ADDICTION SEVERITY INDEX
Standard Title: ASI NOTE

*** PSYCHOSOCIAL HISTORY ***

GENERAL INFORMATION

Mr. Laskowski is a 31 year old White (not Hisp), married male SC veteran. He lists his religious preference as None. He was admitted to the Ambulatory Except Opioid Substitution program on Feb 02, 2009. In the past 30 days, he has not been in a controlled environment.

This report is based on an ASI Lite interview conducted in person on Feb 02, 2009 by Joseph R Beam, ADDICTION THERAPIST. Mr. Laskowski completed the interview.

	Composite Score
MEDICAL	0.3556
EMPLOYMENT	0.5000
ALCOHOL	0.0000
DRUG	0.0026
LEGAL	0.3000
FAMILY	0.0000
PSYCHIATRIC	0.1848

General Comments:

MEDICAL STATUS

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Mr. Laskowski reports he has been hospitalized 3 times for medical problems. He says that he has a chronic medical problem (HIP PAIN) that interferes with his

***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
pg. 9 *****
DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
(continued)

home or get along with other people?
Not difficult at all

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
02/02/2009 10:44

Analog Pager: 112

02/02/2009 10:17 Local Title: PSYCHOLOGY GENERAL NOTE
Standard Title: PSYCHOLOGY NOTE

PROVIDER TOBACCO COUNSELING FY07:

Patient is still a current user. Counseling done at this encounter.

1. ADVISED patient to quit tobacco.
 2. ASSISTED patient to quit:
 - a. Discussed the following strategies with patient to help with quitting:
 - * Set a quit date, ideally within 2 weeks
 - * Get support from family, friends and co-workers
 - * Review past quit attempts-what helped, what led to relapse
 - * Anticipate challenges, particularly during the first two weeks, including nicotine withdrawal
 - * Identify reasons for quitting and benefits of quitting
 - b. Offered patient a referral to Stop Smoking Clinic.
 - c. Offered patient medication to assist with quitting
- Patient was given information on the 1-800-QUIT NOW (www.smokefree.gov) program.

Pt refused tobacco tx at this time.

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
02/02/2009 10:43

Analog Pager: 112

02/02/2009 10:13 Local Title: PSYCHOLOGY GENERAL NOTE
Standard Title: PSYCHOLOGY NOTE

Tobacco Use Screen:

Patient is a current smoker (including cigars and chewing tobacco)
Patient has history of smoking.
Smoking cessation education refused.

Alcohol Use Screen (AUDIT-C):
SCREEN FOR ALCOHOL (AUDIT-C)

An alcohol screening test (AUDIT-C) was negative (score=1).

1. How often did you have a drink containing alcohol in the past year?
Monthly or less

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?
1 or 2

3. How often did you have six or more drinks on one occasion in the past year?
Never

PROVIDER ALCOHOL SCR(+) <8:

Alcohol counseling given at this visit, patient advised to stop drinking.

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***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:41
pg. 8 *****
DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
(continued)

monthly basis and individual psychotherapy on p.r.n. basis. Provided veteran with schedule and content information for classes.

A: The Veteran displayed euthymic mood with broad affect. The Veteran did not demonstrate SxS consistent with current SI, HI or A/V hallucination. The Veteran was OX3. The Veteran's insight and judgment appeared good. The Veteran's speech was logical, coherent and sequential.

DIAGNOSIS: Post-traumatic stress disorder.

TREATMENT PLAN: Individual outpatient psychotherapy on p.r.n. basis, post-deployment stress classes on monthly basis.

THERAPEUTIC GOAL: Maintenance in stabilization.

D: 02/02/2009 10:35 AM
T: 02/02/2009 T28 220240

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
02/03/2009 11:02

Analog Pager: 112

02/02/2009 10:18 Local Title: PSYCHOLOGY GENERAL NOTE
Standard Title: PSYCHOLOGY NOTE

NSG DEPRESSION SCREEN:
COMPLETION OF THE PHQ-9 MH TEST IS REQUIRED-CLICK HERE TO COMPELTE
A PHQ-9 screen was performed. The score was 3 which is suggestive of no depression.

1. Little interest or pleasure in doing things
Not at all
2. Feeling down, depressed, or hopeless
Not at all
3. Trouble falling or staying asleep, or sleeping too much
Several days
4. Feeling tired or having little energy
Not at all
5. Poor appetite or overeating
Several days
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down
Several days
7. Trouble concentrating on things, such as reading the newspaper or watching television
Not at all
8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual
Not at all
9. Thoughts that you would be better off dead or of hurting yourself in some way
Not at all
10. If you checked off any problems, how DIFFICULT have these problems made it for you to do your work, take care of things at

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***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III [REDACTED]

pg. 7 06/30/2009 09:41
DOB: [REDACTED]

----- PN - Progress Notes (max 50 occurrences or 4 years) -----
(continued)

Signed by: /es/ JOSEPH R. BEAM
ADDICTION THERAPIST
03/16/2009 14:11

Analog Pager: 836

03/17/2009 09:40 Local Title: ADDENDUM
Standard Title: ADDENDUM
Ref: NO SHOW NOTE

Dated: 03/16/2009 14:10

D: 2ND ATTEMPT, NO ANSWER.

Signed by: /es/ JOSEPH R. BEAM
ADDICTION THERAPIST
03/17/2009 09:40

Analog Pager: 836

03/18/2009 08:53 Local Title: ADDENDUM
Standard Title: ADDENDUM
Ref: NO SHOW NOTE

Dated: 03/16/2009 14:10

D: 3RD ATTEMPT, NO ANSWER AT # [REDACTED] # [REDACTED]
TO INITIATE F/U APPT.

VETERAN WILL NEED

Signed by: /es/ JOSEPH R. BEAM
ADDICTION THERAPIST
03/18/2009 08:54

Analog Pager: 836

03/13/2009 10:47 Local Title: TLCP OIF/OEF
Standard Title: OEF/OIF TELEPHONE ENCOUNTER NOTE

Data: Attempted PC to veteran to confirm his appt for 3/16. Was unable to leave
a voice message as voice mail box was full.

Signed by: /es/ Richard Matash, Jr, LCSW
OEFOIF Case Manager
03/13/2009 10:48

02/02/2009 10:30 Local Title: PSYCHOLOGY GENERAL NOTE
Standard Title: PSYCHOLOGY NOTE

D: The veteran attended a 50-minute assessment/psychotherapy session on his service-connected diagnosis of post-traumatic stress disorder. This was the first follow up appointment subsequent to completion of CPT protocol. The session employed use of diagnostic interview, ventilative and coping skills training interventions. Approximately 15 minutes of this contact were used to complete clinical reminders.

The veteran began session by requesting written letter from writer documenting veteran's completion of CPT treatment, for his parole officer. Advised the veteran that writer will investigate necessary clearances and notify veteran via phone. The veteran reports that he remains on probation, which is due to expire May 2009.

The veteran reported that he has not been attending The Scranton Veteran's Center and has no other mental health follow up other than substance abuse treatment at this location. The veteran indicates that he uses therapeutic prescriptions and CPT skills on regular basis.

discussed treatment planning with veteran. Advised the veteran to continue to create and maintain social outlets. The veteran expressed understanding and agreement. He agreed to begin attending post-deployment stress classes on

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***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

06/30/2009 09:4
pg. 6 *****
DOB: [REDACTED]

----- RXIV - IV Pharmacy (max 4 years) -----
(continued)

No data available

----- ORC - Current Orders (max 4 years) -----

Item Ordered	Status	Start Date	Stop Date
Renew ACETAMINOPHEN 300MG WITH CODEINE 30MG TAKE 1-2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED FOR HIP AND LOWER BACK PAIN Quantity: 180 Refills: 5	actv	05/03/2009	11/01/2009
DIPHENHYDRAMINE CAP, ORAL 25MG TAKE ONE CAPSULE BY MOUTH AT BEDTIME AS NEEDED FOR SINUS. DO NOT DRIVE WHILE ON MEDICATION. Quantity: 30 Refills: 1	actv	09/11/2008	09/12/2009
CBC (WITH DIFF) BLOOD SP LB #199905	pend	03/11/2009	
COMPREHENSIVE METABOLIC PANEL BLOOD SERUM SP LB #199905	pend	03/11/2009	
LIPID PROFILE BLOOD SERUM SP LB #199905	pend	03/11/2009	
PHENYTOIN CAP, SA 100MG TAKE THREE CAPSULES BY MOUTH EVERY DAY Quantity: 270 Refills: 3	actv	08/05/2008	08/06/2009
DILANTIN BLOOD SERUM SP LB #162280	pend	08/21/2008	
CBC (WITH DIFF) BLOOD SP LB #5144	pend	07/09/2008	
LIPID PROFILE BLOOD SERUM SP LB #5144	pend	07/09/2008	
COMPREHENSIVE METABOLIC PANEL BLOOD SERUM SP LB #5144	pend	07/09/2008	
URINALYSIS URINE (RANDOM) SP LB #5144	pend	07/09/2008	
THYROID FUNCTION TESTS BLOOD SERUM SP LB #5144	pend	07/09/2008	
HIPS BILATERAL 4 OR MORE VIEWS BILATERAL EXAM	pend	01/09/2008	

----- PN - Progress Notes (max 50 occurrences or 4 years) -----

06/16/2009 09:10 Local Title: TLCP SUBSTANCE ABUSE
Standard Title: TELEPHONE ENCOUNTER NOTE

D: VETERAN LEFT MESSAGE ON THIS WRITER'S VOICE MAIL STATING THAT HE WILL NOT KEEP HIS APPT. TODAY AT 9AM. WIFE IS 9 MONTHS PREGNANT AND HAD TO ATTEND TO HIS WIFE, WILL RESCHEDULE VET.

Signed by: /es/ JOSEPH R. BEAM
ADDICTION THERAPIST
06/16/2009 09:12

Analog Pager: 836

03/16/2009 14:10 Local Title: NO SHOW NOTE
Standard Title: NO SHOW NOTE

Job 03-49, MRC Approved 12-10-03

LASKOWSKI, STANLEY P III did not show for clinic appointment. Chart reviewed.
did not speak to patient

was unable to reach the patient. Send URGENT NO SHOW letter.

: UNABLE TO LEAVE MESSAGE ON VOICE MAIL, MAIL BOX FULL, WILL CONTINUE TO TRY
AND REACH VET.

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***** CONFIDENTIAL Clinical Data (4y) SUMMARY pg. 5 06/30/2009 09:41
 LASKOWSKI, STANLEY P III [REDACTED] DOB: [REDACTED]

----- RXOP - Outpatient Pharmacy (max 4 years) -----
 (continued)

Drug.....	Rx #	Stat	Qty	Issued	Last Filled	Rem
SIG: TAKE ONE-HALF TABLET BY MOUTH EVERY DAY						
Provider: PIERCE, JENNIFER E			Cost/Fill: \$ 4.98			
BUSPIRONE 5 MG TABLET	8053659	DISCONTINUED	60	07/03/2007	01/29/2008	(1)
SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY WITH MEALS						
Provider: LUCAS, EUGENE T JR			Cost/Fill: \$ 1.05			
MIRTAZAPINE 15 MG TABLET	8125314	DISCONTINUED	45	01/10/2008	01/10/2008	(2)
SIG: TAKE ONE AND ONE-HALF TABLETS BY MOUTH AT BEDTIME						
Provider: LUCAS, EUGENE T JR			Cost/Fill: \$ 3.29			
QUETIAPINE 100MG TAB	8125317	DISCONTINUED	15	01/10/2008	01/10/2008	(2)
SIG: TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME						
Provider: LUCAS, EUGENE T JR			Cost/Fill: \$ 16.64			
TRAMADOL 50MG TAB	8116383	DISCONTINUED	180	12/14/2007	01/03/2008	(0)
SIG: TAKE TWO TABLETS BY MOUTH THREE TIMES A DAY UNTIL SEEN BY PRIMARY CARE						
Provider: LUCAS, EUGENE T JR			Cost/Fill: \$ 4.72			
QUETIAPINE 200MG TAB	8116385	DISCONTINUED	15	12/14/2007	12/14/2007	(2)
SIG: TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME						
Provider: LUCAS, EUGENE T JR			Cost/Fill: \$ 33.58			
CLONAZEPAM 0.5MG TABLET	8057790	EXPIRED	90	07/16/2007	08/05/2007	(1)
SIG: TAKE ONE TABLET BY MOUTH DAILY AND TAKE TWO TABLETS AT BEDTIME						
Provider: LUCAS, EUGENE T JR			Cost/Fill: \$ 2.45	Exp/Can Dt: 01/16/2008		
CLONAZEPAM 0.5MG TABLET	8043060	DISCONTINUED	60	06/04/2007	07/03/2007	(0)
SIG: TAKE ONE TABLET BY MOUTH DAILY AND TAKE ONE TABLET AT BEDTIME						
Provider: LUCAS, EUGENE T JR			Cost/Fill: \$ 11.95			
CLONAZEPAM 0.5MG TABLET	8033902	DISCONTINUED	15	05/11/2007	05/31/2007	(1)
SIG: TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME -- WHEN YOU FALL ASLEEP AT NITE						
Provider: LUCAS, EUGENE T JR			Cost/Fill: \$ 2.99			
PAROXETINE HCL 20 MG TAB	8036614	EXPIRED	27	05/17/2007	05/18/2007	(0)
SIG: TAKE ONE-HALF TABLET BY MOUTH EVERY DAY FOR 7 DAYS, THEN TAKE ONE TABLET EVERY DAY FOR 23 DAYS (WHEN THIS IS FINISHED BEGIN PRESCRIPTION FOR PAROXETINE 40MG 1/2 TABLET DAILY WHICH WILL BE MAILED TO YOU WITHIN 30 DAYS)						
Provider: PIERCE, JENNIFER E			Cost/Fill: \$ 2.69	Exp/Can Dt: 06/16/2007		
BUPROPION HCL 100MG TAB	8033901	DISCONTINUED	30	05/11/2007	05/11/2007	(2)
SIG: TAKE ONE TABLET BY MOUTH DAILY WITH FOOD						
Provider: LUCAS, EUGENE T JR			Cost/Fill: \$ 0.00			
TABLET SPLITTER	8021294	EXPIRED	1	04/11/2007	04/11/2007	(0)
SIG: USE AS DIRECTED FOR TABLET SPLITTING						
Provider: BOROWSKI, BERNARD M			Cost/Fill: \$ 2.13	Exp/Can Dt: 07/10/2007		

----- RXUD - Unit Dose Pharmacy (max 4 years) -----

No data available

----- RXIV - IV Pharmacy (max 4 years) -----

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***** CONFIDENTIAL Clinical Data (4y) SUMMARY pg. 4 *****
 LASKOWSKI, STANLEY P III [REDACTED] DOB: [REDACTED] 06/30/2009 09:41

----- RXOP - Outpatient Pharmacy (max 4 years) -----
 (continued)

Drug.....	Rx #	Stat	Qty	Issued	Last Filled	Rem
SIG: INJECT 60 MG INTRAMUSCULARLY NOW						
Provider: DOSHI, SANJAYKUMAR J			Cost/Fill: \$ 0.74	Exp/Can Dt: 04/08/2008		
TRAMADOL 50MG TAB	8147379	DISCONTINUED	12	03/09/2008	03/10/2008	(0)
SIG: TAKE ONE TABLET BY MOUTH EVERY 8 HOURS AS NEEDED			Cost/Fill: \$ 0.27			
Provider: NASSAR, FAWAZ						
DULOXETINE 20MG CAP	8147434	DISCONTINUED	15	03/10/2008	03/10/2008	(6)
SIG: TAKE ONE CAPSULE BY MOUTH EVERY OTHER DAY			Cost/Fill: \$ 28.43			
Provider: SANTOS, FRANCISCO F						
CITALOPRAM 20MG TAB	8145045	DISCONTINUED	30	03/04/2008	03/04/2008	(6)
SIG: TAKE ONE-HALF TABLET BY MOUTH EVERY MORNING FOR 10 DAYS, THEN TAKE ONE TABLET EVERY MORNING AFTER MEAL			Cost/Fill: \$ 0.20			
Provider: BHATIA, ARUNA						
FLUOXETINE 20 MG CAP	8136875	DISCONTINUED	60	02/11/2008	03/02/2008	(5)
SIG: TAKE ONE CAPSULE BY MOUTH TWICE A DAY WITH MEALS			Cost/Fill: \$ 1.42			
Provider: BHATIA, ARUNA						
TRAMADOL 50MG TAB	8142028	DISCONTINUED	180	02/25/2008	02/25/2008	(7)
SIG: TAKE TWO TABLETS BY MOUTH THREE TIMES A DAY AS NEEDED AS NEEDED FOR PAIN			Cost/Fill: \$ 7.54			
Provider: PATEL, INDUBHAI M						
ACETAMINOPHEN 300MG WITH CODEINE 30MG	8138893	DISCONTINUED	120	02/15/2008	02/20/2008	(0)
SIG: TAKE 2 TABLETS BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN			Cost/Fill: \$ 5.94			
Provider: PATEL, INDUBHAI M						
TRAMADOL 50MG TAB	8124779	DISCONTINUED	180	01/09/2008	02/17/2008	(6)
SIG: TAKE TWO TABLETS BY MOUTH THREE TIMES A DAY AS NEEDED AS NEEDED FOR PAIN			Cost/Fill: \$ 4.72			
Provider: PATEL, INDUBHAI M						
KETOROLAC 60 MG/2ML INJ	8138789	DISCONTINUED	1	02/15/2008	02/15/2008	(0)
SIG: INJECT 60MG INTRAMUSCULARLY NOW			Cost/Fill: \$ 0.74			
Provider: PATEL, KAMLESH R						
METHYLPREDNISOLONE 4 MG TABLETS..DOSEPAK	8138791	EXPIRED	1	02/15/2008	02/15/2008	(0)
SIG: TAKE TABLET(S) BY MOUTH AS DIRECTED ON DOSE PACK			Cost/Fill: \$ 1.64	Exp/Can Dt: 03/16/2008		
Provider: PATEL, KAMLESH R						
FLUOXETINE 20 MG CAP	8134246	DISCONTINUED	30	02/04/2008	02/04/2008	(6)
SIG: TAKE ONE CAPSULE BY MOUTH EVERY MORNING AFTER MEAL			Cost/Fill: \$ 0.71			
Provider: BHATIA, ARUNA						
VENLAFAXINE EXTENDED RELEASE 75MG CAPS	8116384	DISCONTINUED	30	12/14/2007	02/02/2008	(0)
SIG: TAKE ONE CAPSULE BY MOUTH DAILY WITH FOOD			Cost/Fill: \$ 60.99			
Provider: LUCAS, EUGENE T JR						
TRAZODONE 50MG TAB	8021293	DISCONTINUED	30	04/11/2007	01/29/2008	(4)
SIG: TAKE ONE TABLET BY MOUTH AT BEDTIME MAY START AT 1/2 TAB			Cost/Fill: \$ 0.55			
Provider: BOROWSKI, BERNARD M						
PAROXETINE 40 MG TAB	8036613	DISCONTINUED	15	05/17/2007	01/29/2008	(4)

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***** CONFIDENTIAL Clinical Data (4y) SUMMARY pg. 3 06/30/2009 09:41
 LASKOWSKI, STANLEY P III *****
 DOB: [REDACTED]

----- RXOP - Outpatient Pharmacy (max 4 years) -----
 (continued)

Drug.....	Rx #	Stat	Qty	Issued	Last Filled	Rem
Provider: BRYSKI, ALAN L			Cost/Fill: \$ 0.30	Exp/Can	Dt: 09/03/2008	
BUTALBITAL CPD & APAP TAB	8204153	DISCONTINUED	30	07/30/2008	07/30/2008	(0)
SIG: TAKE 1 TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN AND HEADACHE			Cost/Fill: \$ 0.94			
Provider: PATEL, INDUBHAI M						
ACETAMINOPHEN 300MG WITH CODEINE 30MG	8144663A	DISCONTINUED	180	06/05/2008	07/08/2008	(0)
SIG: TAKE 2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED			Cost/Fill: \$ 8.93			
Provider: PATEL, INDUBHAI M						
MULTIVITAMIN TABLETS	8125316A	EXPIRED	100	06/05/2008	06/28/2008	(2)
SIG: TAKE 1 TABLET BY MOUTH EVERY DAY			Cost/Fill: \$ 0.99	Exp/Can	Dt: 06/06/2009	
Provider: PATEL, INDUBHAI M						
CAPSAICIN 0.075% CREAM (GM)	8138894A	EXPIRED	120	06/05/2008	06/05/2008	(3)
SIG: APPLY SMALL AMOUNT TOPICALLY TWICE A DAY AS NEEDED TO AFFECTED AREA			Cost/Fill: \$ 5.18	Exp/Can	Dt: 06/06/2009	
Provider: PATEL, INDUBHAI M						
CAPSAICIN 0.075% CREAM (GM)	8138894	DISCONTINUED	120	02/15/2008	05/05/2008	(0)
SIG: APPLY SMALL AMOUNT TOPICALLY TWICE A DAY AS NEEDED TO AFFECTED AREA			Cost/Fill: \$ 5.16			
Provider: PATEL, INDUBHAI M						
RISPERIDONE 2 MG	8166356	DISCONTINUED	30	04/23/2008	04/24/2008	(2)
SIG: TAKE ONE-HALF TABLET BY MOUTH TWICE A DAY FOR MOOD STABILIZATION			Cost/Fill: \$ 21.63			
Provider: WEBSTER, ROBERT B						
HYDROXYZINE 10MG TABLET	8153199	DISCONTINUED	60	03/24/2008	04/14/2008	(2)
SIG: TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR ANXIETY			Cost/Fill: \$ 4.19			
Provider: WEBSTER, ROBERT B						
MULTIVITAMIN TABLETS	8125316	DISCONTINUED	100	01/10/2008	03/30/2008	(1)
SIG: TAKE 1 TABLET BY MOUTH EVERY DAY			Cost/Fill: \$ 0.65			
Provider: LUCAS, EUGENE T JR						
ACETAMINOPHEN 300MG WITH CODEINE 30MG	8144663	DISCONTINUED	180	03/03/2008	03/26/2008	(0)
SIG: TAKE 2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED			Cost/Fill: \$ 8.91			
Provider: PATEL, INDUBHAI M						
HYDROXYZINE PAMOATE 25MG CAP	8151483	DISCONTINUED	60	03/20/2008	03/20/2008	(3)
SIG: TAKE ONE CAPSULE BY MOUTH TWICE A DAY AS NEEDED FOR ANXIETY, MAY TAKE 1 OR 2 TABS			Cost/Fill: \$ 5.65			
Provider: WEBSTER, ROBERT B						
RISPERIDONE 1 MG	8151486	EXPIRED	15	03/20/2008	03/20/2008	(0)
SIG: TAKE ONE-HALF TABLET BY MOUTH EVERY MORNING FOR MOOD STABILIZATION			Cost/Fill: \$ 37.29	Exp/Can	Dt: 04/19/2008	
Provider: WEBSTER, ROBERT B						
DIVALPROEX ER 500MG TAB	8149749	DISCONTINUED	60	03/17/2008	03/17/2008	(3)
SIG: TAKE ONE TABLET BY MOUTH AT BEDTIME FOR 3 DAYS, THEN TAKE TWO TABLET AT BEDTIME			Cost/Fill: \$ 35.45			
Provider: WEBSTER, ROBERT B						
KETOROLAC 60 MG/2ML INJ	8147378	EXPIRED	1	03/09/2008	03/10/2008	(0)

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***** CONFIDENTIAL Clinical Data (4y) SUMMARY pg. 2 06/30/2009 09:41
 LASKOWSKI, STANLEY P III [REDACTED] DOB: [REDACTED]

----- PLL - All Problems -----
 (continued)

ST PROBLEM	LAST MOD	PROVIDER
A POSTTRAUMATIC STRESS DISORDER (ICD 309.81); Posttraumatic Stress Disorder * (ICD-9-CM 309.81)	07/16/2007	LUCAS, EUGENE T
A Hip Pain (ICD 719.45)	01/09/2008	PATEL, INDUBHAI
A Tobacco Use Disorder, Continuous (ICD 305.1)	03/09/2008	DOSHI, SANJAYKUM
A COMBINATIONS OF DRUG DEPENDENCE EXCLUDING OPIOID TYPE DRUG, UNSPECIFIED USE (ICD 304.80); POLYSUBSTANCE DEPENDENCE	03/11/2008	BHATIA, ARUNA
A EPILEPSY, UNSPECIFIED, WITHOUT MENTION OF INTRACTABLE EPILEPSY (ICD 345.90); Epilepsy * (ICD-9-CM 345.90)	08/05/2008	KHAN, IQBAL A
A OTHER CONVULSIONS (ICD 780.39); Seizures * (ICD-9-CM 780.39)	01/08/2009	KHAN, IQBAL A

----- RXOP - Outpatient Pharmacy (max 4 years) -----

Drug.....	Rx #	Stat	Qty	Issued	Last Filled	Rem
ACETAMINOPHEN 300MG WITH CODEINE 30MG	8230321A	ACTIVE	180	05/01/2009	06/22/2009 (3)	
SIG: TAKE 1-2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED FOR HIP AND LOWER BACK PAIN						
Provider: PATEL, INDUBHAI M Cost/Fill: \$ 8.93						
ACETAMINOPHEN 300MG WITH CODEINE 30MG	8230321	DISCONTINUED	180	10/06/2008	03/09/2009 (0)	
SIG: TAKE 1-2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED FOR HIP AND LOWER BACK PAIN						
Provider: PATEL, INDUBHAI M Cost/Fill: \$ 8.93						
ACETAMINOPHEN 300MG WITH CODEINE 30MG	8218889A	DISCONTINUED	90	09/29/2008	10/08/2008 (0)	
SIG: TAKE 1 TABLET BY MOUTH EVERY 8 HOURS AS NEEDED HIP AND LOWER BACK PAIN						
Provider: PATEL, INDUBHAI M Cost/Fill: \$ 4.46						
DIPHENHYDRAMINE 25 MG CAPSULES	8220872	ACTIVE	30	09/11/2008	09/11/2008 (1)	
SIG: TAKE ONE CAPSULE BY MOUTH AT BEDTIME AS NEEDED FOR SINUS. DO NOT DRIVE WHILE ON MEDICATION.						
Provider: PATEL, INDUBHAI M Cost/Fill: \$ 0.33						
ACETAMINOPHEN 300MG WITH CODEINE 30MG	8218889	DISCONTINUED	90	09/08/2008	09/08/2008 (0)	
SIG: TAKE 1 TABLET BY MOUTH EVERY 8 HOURS AS NEEDED HIP AND LOWER BACK PAIN						
Provider: KHAN, IQBAL A Cost/Fill: \$ 4.46						
FIORINAL # 3 (30MG CODEINE)	8207291	DISCONTINUED	120	08/07/2008	08/08/2008 (1)	
SIG: TAKE 1 CAPSULE BY MOUTH FOUR TIMES A DAY AS NEEDED						
Provider: KHAN, IQBAL A Cost/Fill: \$124.43						
PHENYTOIN 100MG (DILANTIN) CAP	8206100	ACTIVE	270	08/05/2008	08/05/2008 (3)	
SIG: TAKE THREE CAPSULES BY MOUTH EVERY DAY						
Provider: KHAN, IQBAL A Cost/Fill: \$ 38.99						
ZOLPIDEM 10 MG TAB	8205719	EXPIRED	14	08/04/2008	08/04/2008 (0)	
SIG: TAKE ONE TABLET BY MOUTH AT BEDTIME AS NEEDED						

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Report from: WILKES-BARRE VAMC Sta

06/30/2009 09:41

***** CONFIDENTIAL Clinical Data (4y) SUMMARY
LASKOWSKI, STANLEY P III

pg. 1

DOB: [REDACTED]

----- BDEM - Brief Demographics -----

Address: 25 1/2 BELMONT ST
CARBONDALE, PENNSYLVANIA 18407
Eligibility: SERVICE CONNECTED 50% to 100%
Means Test: NO LONGER REQUIRED
Ethnicity: NOT HISPANIC OR LATINO
Race: WHITE

Phone: (570) 614-8885

Age: 31
Sex: MALE

PCMM Team: GENERAL MEDICINE
PCMM Provider: PATEL, INDUBHAI M
Analog Pager: 272

Phone: [REDACTED]
Phone: 4885

Treating Facility	Type	Station	Last Seen
WILKES-BARRE VAMC	VAMC	693	06/16/2009
COATESVILLE VAMC	VAMC	542	01/24/2008

Source of Info: WILKES-BARRE VAMC

----- BADR - Brief Adv React/All -----

Allergy/Reaction: TRAMADOL

----- VS - Vital Signs (max 4 years) -----

Measurement DT	TEMP F (C)	PULSE	RESP	BP	HT IN (CM)	WT LB (KG) [BMI]
09/11/2008 13:09	98.5 (36.9)	70	18	122/79		201 (91.2) [31*]
09/08/2008 13:43		82	18	129/82		194 (88.0) [30*]
08/05/2008 09:26		74	18	114/73		
07/09/2008 10:46		77	18	116/73		
04/29/2008 10:41	99.3 (37.4)	75	20	118/75	68.0 (173)	186 (84.4) [28*]
03/24/2008 09:11		96	18	112/75		194 (87.9) [30*]
03/10/2008 13:20		90	18	119/78		194 (88.0) [30*]
03/04/2008 14:50	98.1 (36.7)	87	18	133/76		
03/03/2008 13:23	98.6 (37.0)	86	18	127/80		192 (87.1) [29*]
03/02/2008 12:06	99.0 (37.2)	73	20	129/85		
02/15/2008 09:17	97.1 (36.2)	85	18	137/87		
01/09/2008 09:22		88	20	121/77		193 (87.5) [29*]
12/05/2007 08:44		77		123/71		
04/26/2007 14:06	98.8 (37.1)	92	20	136/76	68.0 (173)	180 (81.7) [27]
04/20/2007 15:58		72		136/81		
04/18/2007 10:32	97.8 (36.6)	82	20	118/75	68.0 (173)	180 (81.7) [27]
04/11/2007 14:45	97.8 (36.6)	69	10	132/86		

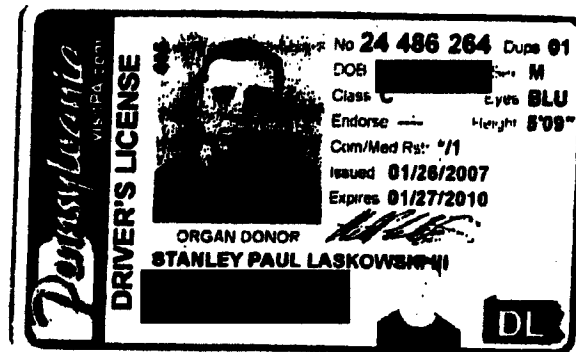
Measurement DT	CVP CMH20 (MMHG)	POx (L/MIN) (%)	CG IN (CM)	Pain
09/11/2008 13:09				0
09/08/2008 13:43				0
08/05/2008 09:26				0
07/09/2008 10:46				0
04/29/2008 10:41				6
03/24/2008 09:11				0
03/10/2008 13:20				2
03/04/2008 14:50				0
03/03/2008 13:23				9
03/02/2008 12:06		99		9
02/15/2008 09:17				10
01/09/2008 09:22				0
04/26/2007 14:06				5
04/18/2007 10:32				0
04/11/2007 14:45				0

----- PLL - All Problems -----

6 Problems

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LASKOWSKI, STANLEY P III [REDACTED] [WBP] ORGAN DONOR NOTE 04/20/2007 -- page 1 of 1 --



07, 26

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Department of Veterans Affairs		AUDIOLOGICAL EVALUATION																																																																																													
REASON FOR REFERRAL												REFERRAL SOURCE																																																																																			
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LASKOWSKI, STANLEY P III [REDACTED] VDP/SCANNED C&P NOTE 03/10/2007 -- page 2 of 2 --

Scan

MailMan message for SAMEC, JO ANN C&P Coordinator
Printed at WILKES-BARRE.MED.VA.GOV 04/03/07@10:06
Subj: Addition of 2507 Exams [#7219056] 04/03/07@10:06 13 lines
From: SAMEC, JO ANN In 'IN' basket. Page 1

The following veteran had one or more 2507 exams added:

Name: LASKOWSKI, STANLEY P III SSN: [REDACTED] C-Number: [REDACTED]
Request date: MAR 30, 2007@18:23:57

Note: Scheduling for this request must now be recompleted.
A new request copy will be printed tomorrow morning.

===== < Additional comments > =====

PER 2507 ADDED: JOINTS- RT HIP BURSITIS, RT ARM FRACTURE, LT HIP PAIN
SKIN- RASHES
FEET- RT HEEL SPUR

M 75

CF ✓
 Date: APR 2, 2007 COMPENSATION AND PENSION EXAM REQUEST Page: 1
 For WILKES-BARRE, PA Medical Center Division at WILKES-BARRE VAMC

Requested by PHILADELPHIA-RO
 Date Requested: MAR 30, 2007@18:23:57

R 5-10

Name: LASKOWSKI, STANLEY P III

SSN: [REDACTED] (L7220)
 C-Number:
 DOB: [REDACTED]

Address: [REDACTED]

City State Zip+4: [REDACTED]

Res Phone: [REDACTED]
 Bus Phone: [REDACTED]

Entered active service: FEB 23, 1999
 Released active service: FEB 5, 2007

Last rating exam date:

** Priority of exam: Original SC

Selected exams:

AUDIO, GENERAL MEDICAL, STRESS DISORDER;

STB, SKIN, Feet

Current Rated disabilities:

No rated disabilities on file

Other Disabilities:

Strang 4-18@9:30

Santos 4-20@3:00

Patch 4-23@10:30

CAST 4-24@8:00

Strang 4-11@9:30

Berek 4-11@11:15

Lab -

Patch 4-13@10:30

MSG 4-13@12

MSG 4-13@1

Santos 4-13@3

Hour 4-18@11

MSG 4-18@1230

Cast 4-18@1

General remarks:

CLAIMS FILE BEING SENT FOR REVIEW BY THE EXAMINER.

Recently discharged veteran. Please examine for all conditions claimed and noted to include rashes, right hip bursitis (ITB), right arm fracture, chronic pain in left hip, sinusitis, right heel spur, hearing loss, and tinnitus.

Veteran is also claiming post traumatic stress disorder (PTSD). Please note the veteran's DD 214 shows he received a Combat Action Ribbon. Please address all DSM-IV criteria and provide GAF score.

This exam request serves as authorization to schedule any additional specialty examinations deemed necessary by the examiner to fully describe the veteran's claimed disabilities.

Thank you.

Requested by: H. Liboff x 4105

SCANNED
 DOCUMENT NUMBER
 BY: [REDACTED]
 DATE: 5/16/07

VA Form 21-2507

CF: 4-9
 M76

4-10 Vet called
 wants SEPERATE
 Days Explained
 ex'l Policy

MEDICAL RECORDProgress Notes

NOTE DATED: 09/25/2007 09:16

LOCAL TITLE: HEALTHCARE CHOICES/EMERGENCY CONTACT

STANDARD TITLE: COMMUNICATION NOTE

ADMITTED: 09/25/2007 09:05 8B-DOM

Patient able to communicate health care choices upon admission. -

YES

1. Informed of right to accept or refuse treatment. - YES
2. Informed of right to make a living will. - YES
3. Informed of right to create a durable power of attorney for health care. - YES
4. Patient has a living will or advance directive. - YES
5. Patient is an organ donor. - YES
6. Patient signed authorization to release medical information to Gift of Life - NO
7. Patient received a patient handbook which contains the Patient's Bill of Rights. - YES
8. EMERGENCY CONTACT:

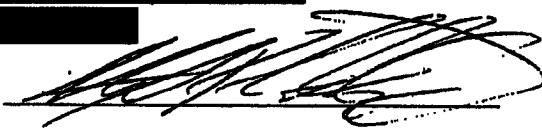
Who do you want contacted in an emergency?
(This could be different from your next of kin.)

NAME: MARISOL LASKOWSKI

RELATIONSHIP: Spouse

ADDRESS: [REDACTED]

PHONE NUMBER(S): [REDACTED]

Patient Signature: 

Signed by: /es/ CAROL A GASKA
MEDICAL CLERK
09/25/2007 09:20

LASKOWSKI, STANLEY P III
[REDACTED]COATESVILLE VAMC
Pt Loc: 8B-DOMPrinted: 09/25/2007 09:20
Vice SF 509

M77

Date: DEC 14, 2007 COMPENSATION AND PENSION EXAM REQUEST Page: 2
For WILKES-BARRE, PA Medical Center Division at WILKES-BARRE VAMC

Requested by PHILADELPHIA-RO
Date Requested: NOV 20, 2007@15:10:10

=====

Name: LASKOWSKI, STANLEY P III	SSN: [REDACTED]	(L7220)
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=====

General remarks (continued):

Throop PA 18512

OEF/OIF veteran- expeditied action required.

Recently discharged veteran. Please examine for all conditions claimed and noted to include a stomach condition.

This exam request serves as authorization to schedule any additional specialty examinations deemed necessary by the examiner to fully describe the veteran's claimed disability.

Veteran is also claiming an increase in his service connected post traumatic stress disorder (DC 9411). Please examine and reevaluate.

Thank you.

Requested by: H. Liboff x 4105

Date: DEC 14, 2007 COMPENSATION AND PENSION EXAM REQUEST
 For WILKES-BARRE, PA Medical Center Division at WILKES-BARRE VAMC Page: 1

Requested by PHILADELPHIA-RO
 Date Requested: NOV 20, 2007@15:10:10

12-14-07

Name: LASKOWSKI, STANLEY P III

SSN:

C-Number:

DOB:

(L7220)

Address:

City, State, Zip:

Res Phone:

Bus Phone:

Entered active service: FEB 23, 1999
 Released active service: FEB 5, 2007

Last rating exam date:

** Priority of exam: Increase

Selected exams:

GENERAL MEDICAL - cancelled (VETERAN WITHDREW CLAIM);
 REV EXAM FOR PTSD;

Current Rated disabilities:

Rated Disability	Percent	SC ?	Dx Code
TINNITUS	10 %	Yes	6260
BURSITIS	10 %	Yes	5019
BURSITIS	10 %	Yes	5019
LIMITED EXTENSION OF FOREARM	20 %	Yes	5207
MALUNION OF ANKLE	0 %	Yes	5273
SINUSITIS, FRONTAL, CHRONIC	10 %	Yes	6512
POST-TRAUMATIC STRESS DISORDER	100 %	Yes	9411

Other Disabilities:

General remarks:

SCANNED
 DOCUMENT SCANNED
 BY: HE
 DATE: 12/20/07

CLAIMS FILE BEING SENT FOR REVIEW BY THE EXAMINER.

Veteran requests exam at this location.

Please note that we have the veteran's address as:

317 Charles St

VA Form 21-2507

M79

OMB Approved No. 2900-0073
Respondent Burden: 15 minutes

Department of Veterans Affairs

STATEMENT IN SUPPORT OF CLAIM

PRIVACY ACT INFORMATION: The law authorizes us to request the information we are asking you to provide on this form (38 U.S.C. 501(a) and (b)). The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized by the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Clearance Officer (723), 810 Vermont Ave., NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0073), Washington, DC 20503. PLEASE DO NOT SEND THIS FORM OR APPLICATIONS FOR BENEFITS TO THESE ADDRESSES.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN (Type or print)

SOCIAL SECURITY NO.

VA FILE NO.

STAN PAUL LASKOWSKI

C/CSS-

The following statement is made in connection with a claim for benefits in the case of the above-named veteran.

ANY CLAIM FOR STOMACH RELATED CONDITIONS FOR SERVICE
CONNECT COMPENSATION WAS MADE IN ERROR.

(CONTINUE ON REVERSE)

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE

DATE SIGNED

5 DEC 2007

ADDRESS

TELEPHONE NUMBERS (Include Area Code)

DAYTIME

EVENING

M80

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence to a material fact, knowing it to be false.

MailMan message for NAGLE, GEORGIANNE M PROGRAM SUPPORT ASSISTANT/OA
Printed at WILKES-BARRE.MED.VA.GOV 12/05/07@14:54
Subj: Cancellation of 2507 Exams [#9129604] 12/05/07@14:54 18 lines
From: NAGLE, GEORGIANNE M In 'WASTE' basket. Page 1

The following veteran had one or more 2507 exams cancelled:

Name: LASKOWSKI, STANLEY P III SSN: XXXXX7220 C-Number: 198667220

Exams cancelled

Reason

GENERAL MEDICAL EXAMINATI VETERAN WITHDREW CLAIM

*** There is still 1 exam open on this request. ***

===== < Additional comments > =====

Per veteran - he is not interested in the stomach (GM) part of this
11/20/07 claim at the present time.

Veteran completed a form 21-4138, which will be faxed to the attn of H.
Liboff when the AMIE is complete

M81

STANLEY P III

BP/SCANNED C&P NOTE 12/20/2007 — page 1 of 3 —

FAX + SCAN

OMB Approved No. 2900-0075
Respondent Burden 15 minutes

Department of Veterans Affairs

STATEMENT IN SUPPORT OF CLAIM

PRIVACY ACT INFORMATION: The law authorizes us to request the information we are asking you to provide on this form (38 U.S.C. 501(a) and (b)). The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized by the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Clearance Officer (723), 810 Vermont Ave., NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0075), Washington, DC 20503. PLEASE DO NOT SEND THIS FORM OR APPLICATIONS FOR BENEFITS TO THESE ADDRESSES.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN (Type or print)

STAN PAUL LASKOWSKI

SOCIAL SECURITY NO.

VA FILE NO.

C/CSS-

The following statement is made in connection with a claim for benefits in the case of the above-

ANY CLAIM FOR STOMACH RELATED CONDITIONS FOR SERVICE
CONNECT COMPENSATION WAS MADE IN ERROR.

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

(CONTINUE ON REVERSE)

SIGNATURE

DATE SIGNED

5 DEC 2007

ADDRESS

TELEPHONE NUMBERS (Include Area Code)

DAYTIME

EVENING

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VA FORM
APR 1994

21-4138

M82

EXISTING STOCKS OF VA FORM 21-4138

VA Medical Center
RE: Stanley Laskowski

Page 2.

Straight leg raising is negative in the lumbosacral spine, and there are no sensory findings bilaterally in the lower extremities.

His right shoulder has a trigger point area in the rhomboid region but, otherwise, is normal with a negative impingement sign, negative drop test, and intact rotator cuff. This appears to be consistent with a strained muscle that has not resolved.

The left shoulder is entirely benign as is the rhomboid area.

Cervical spine has normal range of motion with no paravertebral discomfort and no neurologic findings in the upper extremities.

He should have a work up in terms of inflammation, given his age, and these complaints. I have ordered a latex fixation, ANA, sed rate and Lyme titer.

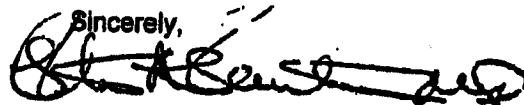
He should start physical therapy to the right shoulder area and I have ordered hot packs, ultrasound and massage three times a week for three weeks at the VA.

I have also given him a prescription for bilateral scaphoid pads for his shoes and he is going to get that filled and try that.

He can try heat and non steroidal anti-inflammatories. I do not think he needs a nerve test or MRI scan of the cervical spine at this point.

He is to return in 4-6 weeks to see how he has responded to the above regimen and the work up.

Sincerely,



Peter A. Feinstein, MD

PAF:meh

M 8 3

PETER A. FEINSTEIN, M.D., P.C.*Orthopedic Specialists of Northeastern PA*

John Heinz Institute of Rehabilitation Medicine
 Medical Arts Center III, 2nd Floor
 150 Mundy Street
 Wilkes-Barre, PA 18702
 Telephone: (570) 826-5559
 Fax: (570) 826-0906

MEMORANDUM

Orthopedic and
 Reconstructive Surgery,
 Arthroscopy,
 Fracture Care,
 Sports Medicine,
 Carpal Tunnel Syndrome,
 Repetitive Trauma Disorders,
 Worker's Compensation,
 Independent Medical
 Examinations

Diplomate:

- American Board of Orthopedic Surgery
- American Board of Forensic Examiners
- American Board of Experts in Traumatic Stress

Fellow:

- American Academy of Orthopedic Surgeons
- American College of Surgeons
- American College of Forensic Examiners

Member:

- Arthroscopy Association of North America
- Eastern Orthopedic Association
- Pennsylvania Orthopedic Society
- American Medical Association
- Pennsylvania Medical Society
- Luzerne County Medical Society
- American Academy of Experts in Traumatic Stress

TO: VA Medical Center

FROM: Peter A. Feinstein, MD

EXAM DATE: January 23, 2008

RE: Medical Consult – Stanley Laskowski

SS #: 198-66-7220

I saw Stanley Laskowski in the office today for an orthopedic opinion at the request of the VA Medical Center.

He is a 29 year old male who is here for pain in both his hips, his right shoulder and his left ankle.

His right hip started to bother him in 2001, and his left hip somewhat later. He tells me that he had an MRI of his right hip in 2001.

His right ankle started bothering him in 2001. His right shoulder started to bother him in the last three months.

He does not wear any arch supports.

He had a fractured arm in 2002.

X-rays of his wrist and arm show a remodeled ulnar fracture in the distal third. Hip x-rays from 4-11-07 which I have reviewed are unremarkable. Feet x-rays from the same time are unremarkable as well, as well as is his right ankle.

He has pes planus that is mild and bilateral.

He takes Effexor and Tramadol for posttraumatic stress syndrome.

On physical examination he has medial and lateral malleolar discomfort in the right foot with bilateral pes planus with a normal gait. The rest of his foot examination is normal.

There is left greater trochanteric bursa bursitis, questionable on the right, with no pain to internal and external rotation of the hips, and no groin pain.

M 84

DATE: 1/30/08

PETER A. FEINSTEIN, M.D., P.C.*Orthopedic Specialists of Northeastern PA*

John Heinz Institute of Rehabilitation Medicine
 Medical Arts Center III, 2nd Floor
 150 Mundy Street
 Wilkes-Barre, PA 18702
 Telephone: (570) 826-5559
 Fax: (570) 826-0906

MEMORANDUM

Orthopedic and
 Reconstructive Surgery.
 Arthroscopy.
 Fracture Care.
 Sports Medicine.
 Carpal Tunnel Syndrome.
 Repetitive Trauma Disorders.
 Worker's Compensation.
 Independent Medical
 Examinations

Diplomate:
 • American Board
 of Orthopedic Surgery
 • American Board
 of Forensic Examiners
 • American Board
 of Experts in Traumatic Stress

Fellow:
 • American Academy
 of Orthopedic Surgeons
 • American College
 of Surgeons
 • American College of
 Forensic Examiners

Member:
 • Arthroscopy Association
 of North America
 • Eastern Orthopedic
 Association
 • Pennsylvania Orthopedic
 Society
 • American Medical
 Association
 • Pennsylvania Medical
 Society
 • Luzerne County
 Medical Society
 • American Academy
 of Experts in Traumatic Stress

TO: VA Medical Center
 FROM: Peter A. Feinstein, MD
 EXAM DATE: February 20, 2008
 RE: Follow-up Consult – Stanley Laskowski
 SS #: 198-66-7220

I saw Stanley Laskowski in the office in follow-up.

He has gotten the scaphoid pads for his shoes and tells me that this has made his feet and his lower back markedly better. His feet feel quite good.

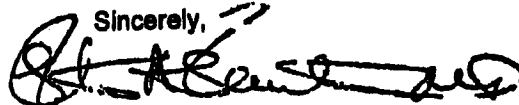
He has not gotten any of the physical therapy either to his shoulder and neck area, or his lower back. This is supposed to start tomorrow.

He tells me he had the blood work drawn on Friday, so I do not have the results of that as of yet either.

I will call him if the blood work is abnormal. He is to do the therapy, as that is part of the treatment plan. I will see him in four to six weeks to see how he has responded. May consider a steroid injection into the trapezius and sternocleidomastoid and paravertebral muscle area on the right side of his neck if no improvement with the therapy, but I believe the therapy should help this as it appears to be myofascial.

Will see him in four to six weeks.

Sincerely,



Peter A. Feinstein, MD

PAF:meh

M85

12/29/08

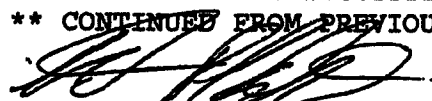
MEDICAL RECORD

Progress Notes

02/15/2008 10:12

** CONTINUED FROM PREVIOUS PAGE **

SIGNATURE OF PATIENT



DATE 15 Feb 2008

Signed by: /es/ PAULA ARIAS
PA-C

02/15/2008 10:20

LASKOWSKI, STANLEY P III

WILKES-BARRE VAMC
Pt Loc: OUTPATIENT

Printed: 02/15/2008 10:25
Vice SF 509

M 86

MEDICAL RECORD

Progress Notes

NOTE DATED: 02/15/2008 10:12
 LOCAL TITLE: 1010M ER/SPU CLINICIAN DISCHARGE INSTRUCTIONS (CHILD)
 STANDARD TITLE: PHYSICIAN DISCHARGE NOTE
 VISIT: 02/15/2008 09:22 ER (AM) CLINIC
 Clinician Discharge Instructions:
 Instructions

Discharge Instructions were given to LASKOWSKI, STANLEY P III on FEB 15, 2008.

Mode of Departure: Ambulatory

** FUTURE APPOINTMENTS **
 DATE/TIME CLINIC (LOCATION)

Aftercare sheet given: Yes.

Discharge dietary instructions: LOW CHOLESTROL DIET

Follow-up activity/limitations: Restrictions: NO HEAVY LIFTING, PUSHING OR PULLING.

Condition: Satisfactory

What to do if symptoms worsen: RETURN TO EMERGENCY ROOM IF PAIN WORSENS.

Patient Instructions:

TAKE MEDROL DOSE PACK AS DIRECTED.
 CONTINUE TRAMDOL AND NAPROXEN AS PRESCRIBED BY PCP.
 ONLY TAKE YOUR MEDICATIONS AS DIRECTED.
 DO NOT TAKE EXTRA MEDICATION.
 REST RIGHT SHOULDER.
 MOIST HEAT TO RIGHT SHOULDER.
 GENTLE NECK AND SHOULDER EXERCISES.
 NO HEAVY LIFTING, PUSHING OR PULLING.
 FOLLOW UP WITH PRIMARY CARE PHYSICIAN.

Patient/or patient's representative verbalizes understanding.

PLEASE NOTE: A copy of your ER visit can be made available upon request thru the office of Release of Information.

Patient

I HAVE RECEIVED AND UNDERSTAND MY DISCHARGE INSTRUCTIONS:

2/15/08
[Signature]

 ** THIS NOTE CONTINUED ON NEXT PAGE **

LASKOWSKI, STANLEY P III

WILKES-BARRE VAMC
 Pt. Loc: OUTPATIENT

Printed: 02/15/2008 10:25
 Vice SP 509

M 87

MEDICAL RECORDProgress Notes

NOTE DATED: 03/02/2008 12:21
 LOCAL TITLE: 1010M ER/SPU CLINICIAN DISCHARGE INSTRUCTIONS (CHILD)
 STANDARD TITLE: PHYSICIAN DISCHARGE NOTE
 VISIT: 03/02/2008 10:51 ER (AM) CLINIC
 Clinician Discharge Instructions:
 Instructions

Discharge Instructions were given to LASKOWSKI, STANLEY P III on MAR 02, 2008.

Mode of Departure: Ambulatory

3 ** FUTURE APPOINTMENTS **
 DATE/TIME CLINIC (LOCATION)
 MAR 7, 2008@14:00 PT-AMS/2ND FLR SILVER ARE (2ND FLR ROOM C2-17)

Aftercare sheet given: Yes.

Discharge dietary instructions: as tolerated

Follow-up activity/limitations: Restrictions (specify) No lifting more than 10 lbs, wear collar until you see you PCP.

Condition: Unchanged

What to do if symptoms worsen: (specify) return to ER Dept, see FMD

Patient Instructions: Rest, Ice, Soft cervical collar, flexeril, darvocet as noted on label.

Patient/or patient's representative verbalizes understanding.

PLEASE NOTE: A copy of your ER visit can be made available upon request thru the office of Release of Information.

Patient

I HAVE RECEIVED AND UNDERSTAND MY DISCHARGE INSTRUCTIONS:

SIGNATURE OF PATIENT

DATE

Signed by: /es/ WILLIAM R. RICE, PA-C
 Physician Assistant
 03/02/2008 12:26

SCANNED
 DOCUMENTED
 BY: 2/24/08
 DATE: 2/24/08

LASKOWSKI STANLEY P III

WILKES-BARRE VAMC
 Pt Loc: OUTPATIENT

Printed: 03/02/2008 12:26
 Vice SF 509

M 88

LASKOWSKI, STANLEY P III

WBPI/SCANNED TBI DOCUMENTS NOTE 03/17/2008 08:57

— page 1 of 1 —

03/10/2008
L7220STANLEY P LASKOWSKI III
[REDACTED]

Dear Mr. Stanley P Laskowski III,

This letter is being sent to you to inform/remind you of the following appointment(s) which are *S C H E D U L E D* at this Medical Center.

MONDAY MAR 24, 2008 9:00 AM TBI HOGG Clinic

****NEW PATIENTS ONLY**** for your 1st appointment please bring a copy of all medical records from your current Primary care doctor.

ARRIVE - 30 MINUTES ARRIVE - 30 MINUTES prior to your scheduled physician visit as an annual screening by our nursing staff may be required.

CHECK-IN-with the clerk upon arrival for your appointment, your computer information will be updated each time you come to the VA Medical Center,

HAVE INSURANCE CARD - handy, so your records can be quickly updated.

PRESCRIPTION CO-PAY - If applicable, you will be charged for every 30 day supply of medicine, including over-the-counter aspirin and vitamins.

ADVANCE DIRECTIVE -If you have a Living Will or Power of Attorney for Health Care (Health Care Agent), please provide a copy to the clerk for filing on your next scheduled visit.

Please call the appropriate number listed below

Local calls: (570) 824-3521

Toll-free long distance: 1-877-928-262

Hearing impaired veterans may call: TT 570-8

If you have a medical question and would like to speak to a

Nurse 24 hours a day, call:

Local Call: (570) 824-3521 press #6

Toll Free Call: 1-877-928-2621 press #6

We appreciate your attention to the above and your medical needs.

Regards,

Department of Veterans Affairs Medical Center
1111 East End Boulevard
Wilkes-Barre, Pennsylvania 18711

M 89

U.S. Postal Service [®]	
CERTIFIED MAIL[™] RECEIPT	
(Domestic Mail Only: No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, June 2002	
See Reverse for Instructions	

LASKOWSKI, STANLEY P III [REDACTED] WBPJSCANNED TBI DOCUMENTS NOTE 03/17/2008 08:57 -- page 1 of 1 --

L-7220

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p><i>Stanley Laskowski III</i></p> <p>[REDACTED]</p>		<p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p><i>[Signature]</i> <i>5-19-08</i></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</p> <p>If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number</p> <p>(Transfer from service label)</p>		<p>7002 2410 0005 5512 7287</p>	
PS Form 3811, February 2004		Domestic Return Receipt 102885-02-M-1540	

M90

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M91

18. Difficulty falling or staying asleep: *Both*
- | | | | | |
|------|------|----------|--------|-------------|
| 0 | 1 | 2 | 3 | 4 |
| NONE | MILD | MODERATE | SEVERE | VERY SEVERE |
19. Feeling anxious or tense:
- | | | | | |
|------|------|----------|--------|-------------|
| 0 | 1 | 2 | 3 | 4 |
| NONE | MILD | MODERATE | SEVERE | VERY SEVERE |
20. Feeling depressed or sad:
- | | | | | |
|------|------|----------|--------|-------------|
| 0 | 1 | 2 | 3 | 4 |
| NONE | MILD | MODERATE | SEVERE | VERY SEVERE |
21. Irritability, easily annoyed:
- | | | | | |
|------|------|----------|--------|-------------|
| 0 | 1 | 2 | 3 | 4 |
| NONE | MILD | MODERATE | SEVERE | VERY SEVERE |
22. Poor frustration tolerance, feeling easily overwhelmed by things:
- | | | | | |
|------|------|----------|--------|-------------|
| 0 | 1 | 2 | 3 | 4 |
| NONE | MILD | MODERATE | SEVERE | VERY SEVERE |

- Married
- 3 children
- currently unemployed

M92

7. Sensitivity to light
 0 NONE 1 MILD 2 MODERATE 3 SEVERE 4 VERY SEVERE
8. Hearing difficulty:
 0 NONE 1 MILD 2 MODERATE 3 SEVERE 4 VERY SEVERE
9. Sensitivity to noise:
 0 NONE 1 MILD 2 MODERATE 3 SEVERE 4 VERY SEVERE
10. Numbness or tingling on parts of my body:
 0 NONE 1 MILD 2 MODERATE 3 SEVERE 4 VERY SEVERE
11. Change in taste and/or smell: Both
 0 NONE 1 MILD 2 MODERATE 3 SEVERE 4 VERY SEVERE
12. Loss of appetite or increase appetite:
 0 NONE 1 MILD 2 MODERATE 3 SEVERE 4 VERY SEVERE
13. Poor concentration, can't pay attention, easily distracted:
 0 NONE 1 MILD 2 MODERATE 3 SEVERE 4 VERY SEVERE
14. Forgetfulness, can't remember things:
 0 NONE 1 MILD 2 MODERATE 3 SEVERE 4 VERY SEVERE
15. Difficulty making decisions:
 0 NONE 1 MILD 2 MODERATE 3 SEVERE 4 VERY SEVERE
16. Slowed thinking, difficulty getting organized, can't finish things:
 0 NONE 1 MILD 2 MODERATE 3 SEVERE 4 VERY SEVERE
17. Fatigue, loss of energy, getting tired easily:
 0 NONE 1 MILD 2 MODERATE 3 SEVERE 4 VERY SEVERE

M93

NSI

Please rate the following symptoms with regard to how much they have disturbed you
SINCE YOUR INJURY.

0 = None- Rarely if ever present; not a problem at all

1 = Mild- Occasionally present, but it does not disrupt activities; I can usually continue what I'm doing; doesn't really concern me.

2 = Moderate- Often present, occasionally disrupts my activities; I can usually continue what I'm doing with some effort; I feel somewhat concerned.

3 = Severe- Frequently present and disrupts activities; I can only do things that are fairly simple or take little effort; I feel like I need help.

4 = Very Severe- Almost always present and I have been unable to perform at work, school or home due to this problem; I probably cannot function without help.

1. Feeling dizzy:

0 NONE	1 MILD	2 MODERATE	3 SEVERE	4 VERY SEVERE
-----------	-----------	---------------	-------------	------------------

2. Loss of balance:

0 NONE	1 MILD	2 MODERATE	3 SEVERE	4 VERY SEVERE
-----------	-----------	---------------	-------------	------------------

3. Poor coordination, clumsy:

0 NONE	1 MILD	2 MODERATE	3 SEVERE	4 VERY SEVERE
-----------	-----------	---------------	-------------	------------------

4. Headaches:

0 NONE	1 MILD	2 MODERATE	3 SEVERE	4 VERY SEVERE
-----------	-----------	---------------	-------------	------------------

5. Nausea:

0 NONE	1 MILD	2 MODERATE	3 SEVERE	4 VERY SEVERE
-----------	-----------	---------------	-------------	------------------

6. Vision problems, blurring, trouble seeing:

0 NONE	1 MILD	2 MODERATE	3 SEVERE	4 VERY SEVERE
-----------	-----------	---------------	-------------	------------------

PATIENT NAME/LAST 4:

Laskowski 7220

CLINICIAN NAME/DATE:

Barbara Rexer 3/24/08

M94

SCANNED
DOCUMENT SCANNED
BY: [signature]
DATE: 4/2

LASKOWSKI, STANLEY P III 198-68-7220 [WBP] SCANNED C&P NOTE 04/08/2008 14:12 — page 3 of 3 —

Transmission Report

Date/Time
Local ID 1
Local ID 204-01-2008
5708195195

01:10:14 p.m.

Transmit Header Text
Local Name 1
Local Name 2This document : Confirmed
(reduced sample and details below)
Document size : 8.5"x11"

CF1

Date: MAR 19, 2008 COMPENSATION AND PENSION EXAM REQUEST Page: 1
For WILKES-BARRE, PA Medical Center Division at WILKES-BARRE VAMC

Requested by PHILADELPHIA-RO
Date Requested: MAR 19, 2008 08:38:31

Name: LASKOWSKI, STANLEY P III SSN: [REDACTED] (L7220)
C-Number: [REDACTED]
DOB: [REDACTED]

Address: [REDACTED] Res Phone: [REDACTED]
City, State, Zip: [REDACTED] Bus Phone: [REDACTED]

Entered active service: FEB 25, 1999 Last rating exam date:
Released active service: FEB 5, 2007

** Priority of exam: Increase

Selected exams:

ESOPHAGUS/HiATAL HERNIA

Current Rated disabilities:

Rated Disability	Percent	SC 7	DC Code
TINNITUS	10 %	Yes	6260
BRUSITIS	10 %	Yes	5019
BRUSITIS	10 %	Yes	5019
BRUSITIS	10 %	Yes	5207
LIMITED EXTENSION OF FOREARM	20 %	Yes	5273
MAINTENANCE OF ANKLE	0 %	Yes	6512
SINUSITIS, FRONTAL, CHRONIC	10 %	Yes	9411
POST-TRAUMATIC STRESS DISORDER	100 %	Yes	

Other Disabilities:

General remarks:

CLAIMS FILE BEING SENT FOR REVIEW BY THE EXAMINER.

Recently discharged veteran claiming service-connection for a stomach condition. Service treatment records note complaints of heartburn, with him being treated with Aciphex. Please examine and provide current symptomatology. Service treatment records sent for review. Refer questions to Tim Palmer, 215-842-2000 x 4502.

VA Form 21-2507

Total Pages Scanned : 2

Total Pages Confirmed : 2

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	434	82153813165	01:09:21 p.m. 04-01-2008	00:00:21	2/2	1	EC	HS	CP26400

Abbreviations:

HS: Host send
HR: Host receive
WS: Waiting send

Pt: Polled local
PR: Polled remote
MS: Mailbox save

MP: Mailbox print
CP: Completed
FA: Fail

TL: Terminated by user
TS: Terminated by system
RP: Report

G3: Group 3
EC: Error Correct

M95

LASKOWSKI, STANLEY P III [REDACTED] SCANNED C&P NOTE 04/01/2008 14:12 -- page 2 of 3 --

MailMan message for SAMEC, JO ANN C&P Coordinator
Printed at WILKES-BARRE.MED.VA.GOV 04/01/08@14:01
Subj: Cancellation of 2507 Exams [#9979309] 04/01/08@14:01 14 lines
From: SAMEC, JO ANN In 'IN' basket. Page 1

The following veteran had one or more 2507 exams cancelled:

Name: LASKOWSKI, STANLEY P III SSN: [REDACTED] C-Number: [REDACTED]

Exams cancelled

Reason

ESOPHAGUS AND HIATAL HERN VETERAN WITHDREW CLAIM

*** All exams on this request are now CANCELLED. ***

===== < Additional comments > =====

VETERAN CX' DCLAIM

M96

LASKOWSKI, STANLEY P III 198-86-7220 [WBP] SCANNED C&P NOTE 04/08/2008 14:12 — page 1 of 3 —

CF1 ✓
 Date: MAR 10, 2008 COMPENSATION AND PENSION EXAM REQUEST
 For WILKES-BARRE, PA Medical Center Division at WILKES-BARRE VAMC Page: 1

Requested by PHILADELPHIA-RO
 Date Requested: MAR 19, 2008@08:38:31

Name: LASKOWSKI, STANLEY P III

SSN: [REDACTED]
 C-Number: [REDACTED]
 DOB: [REDACTED]

(L7220)

Address: [REDACTED]

City, State, Zip+4: [REDACTED]

Res Phone: [REDACTED]
 Bus Phone: [REDACTED]

Entered active service: FEB 23, 1999
 Released active service: FEB 5, 2007

Last rating exam date:

** Priority of exam: Increase

Selected exams:

ESOPHAGUS/HIATAL HERNIA

Current Rated disabilities:

Rated Disability	Percent	SC ?	Dx code
TINNITUS	10 %	Yes	6260
BURSITIS	10 %	Yes	5019
BURSITIS	10 %	Yes	5019
LIMITED EXTENSION OF FOREARM	20 %	Yes	5207
MALUNION OF ANKLE	0 %	Yes	5273
SINUSITIS, FRONTAL, CHRONIC	10 %	Yes	6512
POST-TRAUMATIC STRESS DISORDER	100 %	Yes	9411

Other Disabilities:

General remarks:

CLAIMS FILE BEING SENT FOR REVIEW BY THE EXAMINER.

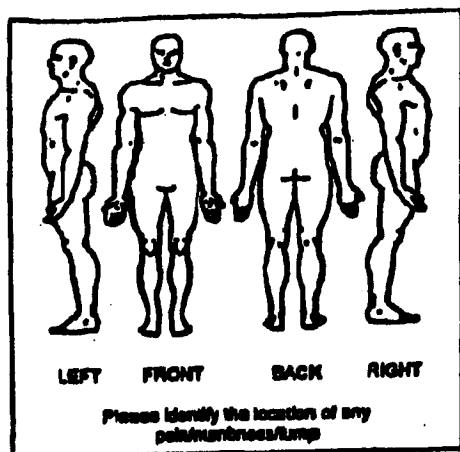
Recently discharged veteran claiming service-connection for a stomach condition. Service treatment records note complaints of heartburn, with him being treated with Aciphex. Please examine and provide current symptomatology. Service treatment records sent for review. Refer questions to Tim Palmer, 215-842-2000 x 4602.

CF-327

SCANNED
 DOCUMENT SCANNED
 BY: [REDACTED]
 DATE: 4/8/08

VA Form 21-2507

M97



On the drawing above, please mark the location of your pain.

The following items can interfere with MR imaging and some can be hazardous to your safety. Please check (✓) if you have any of these items:

YES	NO	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cardiac Pacemaker or Pacemaker lead wires
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Brain aneurysm clips
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Aortic clips
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Implanted neurostimulators or lead wires
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Artificial heart valve
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insulin pump
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Electrodes
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hearing Aids
<input type="checkbox"/>	<input checked="" type="checkbox"/>	IUD
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shunts
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Joint replacements
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fractured bones treated w metal rods, plates, pins, screws, clips
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Harrington rod
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bone or joint pins
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Prosthesis
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Metal mesh
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wire sutures
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shrapnel
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dentures
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Metal slivers in the eyes
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cochlear implants
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tatto eyeliner
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Others (please list)

YES	NO	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do not enter the scan room with any metal or magnetic-sensitive items like these:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Glasses
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Removable dental work
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hearing aid
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Jewelry
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Watch
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wallet or money clip
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pens or pencils
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Keys
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Coins
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pocket knife
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Metal zippers or buttons
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Belt buckle
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shoes
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Magnet strip cards (credit cards, bank cards)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hairpins or barrettes
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Metal bra hooks
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bra and girdle underwire support
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sanitary belt
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Safety pins

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